

# Disability Assessment Report

## Personal Information

Full Name:

Date of Birth:

Gender:

Address:

## Medical Information

Diagnosis:

Description of Impairments:

Date of Assessment:

Assessor's Name:

Assessor's Title/Position:

## Functionality Assessment

Mobility:

Self-Care:

Communication:

Other Relevant Findings:

## Conclusion

Summary and Recommendations:

Submit Report