



## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!





# Social Security Newsletter

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

**Month 202X**

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!



# Social Security Newsletter

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

**Month 202X**

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!





## LAW OFFICES OF DEVINA MISTRY, PA

Social Security Disability Insurance (SSDI)  
& Supplemental Security Income (SSI) Attorney

ADVERTISEMENT

Free Consultation:

**(305) 414-0001**

9:00AM to 4:30PM

Monday through Friday

# Social Security Newsletter<sup>®</sup>

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

Month 202X

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!

This is a newsletter on topics of interest for professionals who provide services to potential Social Security Disability and SSI claimants. This Newsletter does not constitute legal advice.

Law Offices of  
Devina Mistry, PA

Mailing Address:  
Suite 7G, Executive Center  
Dadeland West Office Park

10637 North Kendall Drive  
Miami, FL 33176

Call:  
(305) 414-0001 *ph*  
(305) 428-9521 *fax*

Web:  
services@mistrylawfirm.com *email*  
www.mistrylawfirm.com *web*





# Social Security Newsletter

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

**Month 202X**

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!



# Social Security Newsletter<sup>®</sup>

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

Month 202X

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

**Month 202X**

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!



**KENNETH N. GORMLY**  
ATTORNEY AT LAW

*A Professional Limited Liability Company*

1105 Tacoma Avenue South  
Tacoma, WA 98402

Phone (253) 274-0500

Fax (253) 272-0446

Toll Free (877) 898-7353

[www.GormlyLaw.com](http://www.GormlyLaw.com)

# Social Security Newsletter<sup>®</sup>

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

Month 202X

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!



# Social Security Newsletter

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

Month 202X

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!



# *Social Security Newsletter*

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

**Month 202X**

## **How To Win Claims For Chronic Headaches**

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### **WE WANT TO HELP**

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!

**Main office**

35008 EMERALD COAST PKWY.,  
SUITE 301,  
DESTIN, FL 32541

**Free evaluation**

WWW.SEDISABILITY.COM  
INFO@SEDISABILITY.COM  
TOLL FREE (800) 804-3637

**Call**

DESTIN (850) 837-7021  
PENSACOLA (850) 437-0909  
PANAMA CITY (850) 784-9199

MOBILE (251) 732-4088  
MONTGOMERY (334) 651-0531  
BIRMINGHAM (205) 588-1779





# Social Security Newsletter

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

Month 202X

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!

# Social Security Newsletter

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

Month 202X

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!



## LAW OFFICES OF DEVINA MISTRY, PA

Social Security Disability Insurance (SSDI)  
& Supplemental Security Income (SSI) Attorney

ADVERTISEMENT

Free Consultation:

**(305) 414-0001**

9:00AM to 4:30PM

Monday through Friday

# Social Security Newsletter<sup>®</sup>

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

Month 202X

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!

This is a newsletter on topics of interest for professionals who provide services to potential Social Security Disability and SSI claimants. This Newsletter does not constitute legal advice.

Law Offices of  
Devina Mistry, PA

Mailing Address:  
Suite 7G, Executive Center  
Dadeland West Office Park

10637 North Kendall Drive  
Miami, FL 33176

Call:  
(305) 414-0001 *ph*  
(305) 428-9521 *fax*

Web:  
services@mistrylawfirm.com *email*  
www.mistrylawfirm.com *web*





This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

Month 202X

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!





The Law Offices of

**Jeffrey A. Rabin & Associates, Ltd.**

Social Security Disability and SSI Advocacy

**We Can Help!**

Toll Free **888-529-0600**

Call Today **847-299-0008**

# Social Security Newsletter

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

**Month 202X**

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!

*Don't Fight Alone*





# Social Security Newsletter<sup>®</sup>

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

Month 202X

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!





# Social Security Newsletter®

This is a newsletter of interest to professionals who provide services to potential Social Security disability and SSI claimants. © 2021

**Month 202X**

## How To Win Claims For Chronic Headaches

**HEADACHES CAN** be debilitating. Clients typically describe severe headache pain in the most desperate terms – including one claimant who would bang his head against the wall to try to eliminate the crushing migraine pain.

**SEVERE CHRONIC** headache pain can make sustaining full time work impossible and be the basis for disability benefits. Social Security recently issued SSR 19-4p to help evaluate cases involving headache pain. It relies greatly upon definitions from the International Classification of Headache Disorders and provides some guidance for decision makers and representatives.



**SSA DISTINGUISHES** primary headache disorders from headaches caused by other problems such as trauma or infection. In the latter cases, the headaches are a symptom of another underlying problem, not a separate medical impairment. There are also different considerations in the Ruling for migraines with and without aura, tension-type headaches and cluster headaches.

**WE EXPLAIN** to clients that “actions speak louder than words.” To successfully prove a chronic headache claim, a Claimant must: 1. Be actively treating with a headache specialist, a neurologist and/or a pain management physician; and, 2. Be very thorough at every appointment in describing the frequency and severity of the symptoms, and their impact on simple day to day tasks.

**PROOF FOR SSA** will come from physicians whose charts contain the diagnosis, laboratory and other clinical findings, and exclude alternative causes for the symptoms. If the charts describe typical headache symptoms, such as the nature of the pain, tremors, concentration problems, gait instability, skin flushing, nasal congestion, constricted pupils or the need to be in a dark quiet room, those observations will be important considerations. Third party observations, which are included in the clinical charts, are also considered.

**SSA WILL ALSO** review the charts for documentation of the frequency of the severe headaches – is this something that happens several times a month? Consistent descriptions of the symptoms and what the patient does during an attack, e.g., moving into a dark room, requiring quiet, cold cloths, sleep, etc. is all critical.

**FINALLY, THEY** will be looking at the type of treatment provided and the patient's response – ibuprofen shows

one degree of a symptom, narcotics shows a more severe concern. Botox treatments are quite common now and do provide some relief for some of our clients. If medication significantly helps, then it may be possible to work.

**WE ENCOURAGE** clients to keep a headache diary and document the frequency and severity of the attacks. Even simple symbols such as a black “x” on days they cannot get out of bed, or on the days the nausea caused vomiting, will allow a patient to more accurately communicate to the treating doctor. Often it helps to keep the diary in the kitchen where other family members can help note symptoms and bad days. That communication will improve medical care as the doctor will have more information to provide more complete medical charts and help prove entitlement to Social Security assistance.

### WE WANT TO HELP

Please let us know if we can help you and your co-workers assist clients with Social Security questions. We are always available to consult, without the need to charge fees for this time. We have learned that the closer we can work with the community, the greater chance disabled individuals will have getting this help!