

NEW CLIENT INTAKE – SSD/SSI

IT IS VERY IMPORTANT THAT YOU FILL THIS OUT COMPLETELY & ACCURATELY. THE INFO IS FOR MY USE ONLY & IS CONFIDENTIAL. I MUST KNOW ALL RELEVANT INFO IF I AM TO REPRESENT YOU EFFECTIVELY & CANNOT BE SURPRISED LATER IN THE GAME. IF YOU LIKE, THIS WILL BE RETURNED TO YOU AT YOUR CASE'S CONCLUSION.

Today's date: _____

Name _____ Age ____ Birthdate _____ SSN _____

Street address _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____ FAX: _____

Eml _____ Height _____ Weight _____ Is this your usual weight?

(i.e. have you significantly lost or gained weight recently?)

(explain) _____

Are you right handed, left, or ambidextrous? _____ Marital status _____

Spouse name _____

Spouse occupation _____ Spouse monthly take home pay _____

Kids(#)? _____ Names AND ages _____

Before SSA will even talk to me, I will have to give them your:

Mother's maiden name _____

Name of last employer: _____ **& Place of birth** _____

Last grade completed in school _____ Where was this at? _____

Any diplomas/degrees/special education classes, etc.? _____

English language difficulties? _____ Writing or reading difficulties? _____

Have **you** ever been in the military? ____ If so, what branch? _____

Did you or are you receiving any military disability? _____

When was the very first time you applied for Social Security **Disability** benefits? _____

What is your "onset date" (the date you feel Disability benefits should start)? _____

What caused this to be the onset date (i.e. was there an accident, did your medical problems simply get too troublesome, etc.)?

When did you file your "Reconsideration"? _____

When did you receive notice that your Reconsideration was denied? _____

Have you had any vocational rehab? when? with whom? what happened?

Employer (current or most recent) _____ When did you start there?

_____ Employer's street address _____

Emp's city _____ State _____ Zip _____ Emp's phone _____

If terminated, when was last day worked? _____

Job description _____

Hourly wage at time of injury _____ Average weekly wage at time of injury _____

hrs worked per week _____

Could you do this last job you had right now? _____

If not, why not? _____

Have you tried to do this last job? _____

If not, why not? _____

Could you do any job that you have ever held right now? _____

If not, why not? _____

Have you tried? _____ If not, why not _____

For the last 15 years (at least), please list:

NAMES OF EMPLOYERS: YEARS WORKED: DESCRIPTION OF WORK PERFORMED:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

Did you have any serious industrial injuries at any of your places of employment? _____

If so, describe particulars in detail: _____

What are your current physical complaints? (list any/ALL of them, starting with the most severe first):

1. _____

2. _____

3. _____

4. _____

5. _____

List ANY other injuries of any sort have you had in the last 20 years (sports injuries, congenital problems, psychological, poor vision, hysterectomy, **any medical problem/impairment** that you haven't already listed above. GIVE DETAILS:

1. _____

2. _____

3. _____

4. _____

Do you have much PAIN? _____ Where? _____

How often? _____ How intense? _____

Describe it _____

How is it relieved? Medication? Rest etc. _____

Medications?

What? Dosage? How often? Who prescribes? Side Effects??

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Could you make it through the day without them? _____ Do you think you would be a danger to co-workers if you reported to work while taking these medications? _____

If so, why _____

Since you last worked, has your condition gotten better/worse/about the same?? Describe:

Were you given doctor's orders not to return to work? _____ By whom? _____

For how long (what period of time)? _____

Have you been released to return to work? _____ When? _____

By whom? _____ With what restrictions? _____

Are you able to perform your former duties? _____ If not _____

Do you feel you are able to perform ANY work for 40 hours a week? _____

Has any Dr. commented on your ability to return to 40 hour per week work? _____ If so, who, and what did s/he say? _____

Has any Dr. rated you for "permanent, partial impairment"? _____ Who? _____

What was the rating? _____ How much, if any, due to pre-existing? _____ Do you have any personal health insurance available to you (i.e. Blue Cross, PEHP, etc.)?

If so, what insurance company? _____

If this is a work related disability, who is the work comp insurance carrier handling this claim?
(IF NOT WORK RELATED, SKIP DOWN FIVE LINES*) _____

What is the adjuster's name? _____ Have you been receiving Temporary Total Compensation (TTC)? _____ If so, how much per week? _____

Are you still receiving them? _____

If discontinued, when were these TTC benefits cut off? _____

Any problem with the work comp carrier paying your medical bills? _____

If so, explain problem, amount, etc. _____

*Did you give any statements to any insurance company, investigator or to any other person about the accident? GIVE DETAILS _____

Have you signed any authorizations to release information or any other documents whatsoever in connection with this accident? If so, explain: _____

Do you or does anyone else have photos of any kind that relate to the accident and/or your injuries or impairments? _____

How were you referred to this office? _____

