

**SOCIAL SECURITY  
CLIENT INTERVIEW SHEET**

FILENO \_\_\_\_\_ D/I \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SOL \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TPCASE SS

OPENED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CLOSED \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TITLE - II/XVI/OTHER

RECON. COMPLERE-Y/N SOURCE \_\_\_\_\_ LAWYER \_\_\_\_ / \_\_\_\_ LA \_\_\_\_\_

**I. GENERAL INFORMATION**

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CLNAMF                      CLNAMM                      CLNAML                      CLNAMC

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CLADD1 (client address line 1)

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CLADD2 (client address line 2)

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CLRES (client residence/if different from address)

CLHPH# \_\_\_\_\_ CLNPH# \_\_\_\_\_ CLWPH# \_\_\_\_\_

CLAGE \_\_\_\_\_ CLMARI - M/S/D/W \_\_\_\_\_ CLSPSE \_\_\_\_\_

SPSS# \_\_\_\_\_

# CHILDREN \_\_\_\_\_ AGES \_\_\_\_\_

LT./RT. HANDED \_\_\_\_\_ DRIVERS LICENSE-Y/N \_\_\_\_\_ HT. \_\_\_\_ WT. \_\_\_\_

CURRENT INCOME SOURCE - W/C \_\_\_\_\_ VA \_\_\_\_\_ LTD/STD \_\_\_\_\_  
SSI (Res. Rel.) \_\_\_\_\_ UNEMP. \_\_\_\_\_  
OTHER \_\_\_\_\_

PRIOR S.S CLAIMS \_\_\_\_\_

**II. WORK HISTORY AND TRAINING**

LAST GRADE COMPLETED \_\_\_\_\_ READ AND WRITE \_\_\_\_\_

MILITARY SERVICE \_\_\_\_\_ DATES \_\_\_\_\_

MILITARY JOB \_\_\_\_\_

OTHER TRAINING \_\_\_\_\_

PAST JOBS (All since started working)

Dates Co. Job Title Duties Reason for Leaving

Dates	Co.	Job Title	Duties	Reason for Leaving

III. MEDICAL HISTORY

PROBLEM 1 \_\_\_\_\_

DATE OF ONSET \_\_\_\_\_

CURRENT SYMPTOMS \_\_\_\_\_

EFFECT ON ABILITY TO WORK \_\_\_\_\_

MEDICAL PROVIDERS	Date of Treatment
1. _____	/ _____
2. _____	/ _____
3. _____	/ _____
4. _____	/ _____
5. _____	/ _____

PROBLEM 2 \_\_\_\_\_

DATE OF ONSET \_\_\_\_\_

CURRENT SYMPTOMS \_\_\_\_\_

EFFECT ON ABILITY TO WORK \_\_\_\_\_

MEDICAL PROVIDERS	Date of Treatment
1. _____	/ _____

2. \_\_\_\_\_ / \_\_\_\_\_
3. \_\_\_\_\_ / \_\_\_\_\_
4. \_\_\_\_\_ / \_\_\_\_\_
5. \_\_\_\_\_ / \_\_\_\_\_

PROBLEM 3 \_\_\_\_\_

DATE OF ONSET \_\_\_\_\_

CURRENT SYMPTOMS \_\_\_\_\_

EFFECT ON ABILITY TO WORK \_\_\_\_\_

		Date of Treatment
MEDICAL PROVIDERS	1.	_____ / _____
	2.	_____ / _____
	3.	_____ / _____
	4.	_____ / _____
	5.	_____ / _____

PROBLEM 4 \_\_\_\_\_

DATE OF ONSET \_\_\_\_\_

CURRENT SYMPTOMS \_\_\_\_\_

EFFECT ON ABILITY TO WORK \_\_\_\_\_

		Date of Treatment
MEDICAL PROVIDERS	1.	_____ / _____
	2.	_____ / _____
	3.	_____ / _____
	4.	_____ / _____
	5.	_____ / _____

PROBLEM 5 \_\_\_\_\_

DATE OF ONSET \_\_\_\_\_

CURRENT SYMPTOMS \_\_\_\_\_

EFFECT ON ABILITY TO WORK \_\_\_\_\_

		Date of Treatment
MEDICAL PROVIDERS	1.	_____ / _____
	2.	_____ / _____

- 3. \_\_\_\_\_ / \_\_\_\_\_
- 4. \_\_\_\_\_ / \_\_\_\_\_
- 5. \_\_\_\_\_ / \_\_\_\_\_

**IV. LIMITATIONS**

Sit _____	Stand _____	Walk _____	Stoop _____
Bend _____	Reach _____	Push _____	Pull _____
Hold _____	Lift _____	Carry _____	Etc. _____

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