

**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

CLNAMF CLNAMM CLNAML CLNAMC

CLADD1 (client address line 1)

CLADD2 (client address line 2)

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

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 _____

MEDICAL PROVIDERS

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

PROBLEM 4 _____

DATE OF ONSET _____

CURRENT SYMPTOMS _____

EFFECT ON ABILITY TO WORK _____

MEDICAL PROVIDERS

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

PROBLEM 5 _____

DATE OF ONSET _____

CURRENT SYMPTOMS _____

EFFECT ON ABILITY TO WORK _____

MEDICAL PROVIDERS

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

- 3. _____ / _____
- 4. _____ / _____
- 5. _____ / _____

IV. LIMITATIONS

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