



SOCIAL SECURITY TELEPHONE INTAKE

Date: _____ Interviewer's Name: _____

Name: _____ Decline or Accept

Address: _____

Phone No.: () _____

Referred By: _____

Type of Claim: ___ SSD ___ SSI Married ___ Single ___ Widowed ___ Divorced ___

Total Number of Children/Step Children under 19: _____

Age: _____ D/Birth _____ Education: _____ Date last Worked: _____

Prior Work Experience: _____

Describe impairments/Injury: _____

Have you applied for SSD/SSI? ___ Yes ___ No Date Applied: _____

Were you Denied? ___ Yes ___ No Date Denial Letter Issued: _____

Workers' Comp:

Date of Injury: _____ AME/QME/Panel QME: ___ Yes ___ No Doctor: _____

Name of Treating Physician: _____

Injuries: _____

Restrictions: _____