

DISABILITY ON LINE INTAKE

NAME: _____

ADDRESS: _____ **Date:** _____

_____ **Phone:** _____

Referred by: _____ Name of caller: _____

Type of claim: **SSD** **SSI** **SSD/Widow/er**

AGE: _____ **Education:** _____ **Date Last Worked:** _____ **Telephoned before:**

Prior work experience: _____

Describe impairments/injury: _____

CHECK OFF AND COMPLETE THE FOLLOWING THAT APPLIES TO YOU:

- SSA:**
- Initial contact (PF) _____
 - Initial application _____
 - Initial denial _____ **Why** _____
 - Reconsideration not requested
 - Reconsideration requested _____
 - Reconsideration denial _____ **Why** _____
 - Hearing not requested
 - Hearing requested _____
 - Hearing scheduled _____
 - Administrative Law Judge _____
 - Hearing denial _____ **Were you represented** _____
 - ALJudge name _____ **By who** _____
 - Request for review not filed **When was your attorney/ rep/ released** _____
 - Request for review filed _____ **Decision received by** _____

IMPAIRMENTS _____

TREATMENT/DOCTORS _____

RESTRICTIONS _____

MEDICATIONS _____

ISSUES _____

For Office Use Only:

APPOINTMENT: Day: _____ Date: _____ Time: _____

Rep: _____ **Scheduler's Initials:** _____ Type of Letter: _____

Questionnaires: SSA WC TERM Psych Supplemental

OTHER: _____ SEND: Can't Reach letter Brochures Kit

DECLINE CASE. Reason: _____
