PLEASE PRINT

How did you hear about our office? _____

IMPORTANT! Please complete.

I. Personal Information

1. Name: _____
2. DOB: _____ Age: _____
3. Social Security Number: _____
4. Address:_____

Street Number City, State Zip

5. Telephone Number(s): Main/Best Contact: _____

Alternate Contact: _____

E-mail address: _____

6. Are you currently in Bankruptcy? ○ NO ○ YES If "yes", please give the name and address of your Bankruptcy Attorney: _____

_____

Please give your Bankruptcy Case Number: _____

7. Are you currently, or have you ever drawn Worker's Compensation due to a work related injury? ○ NO ○ YES If "yes", please give the dates: _____ (If you are currently drawing Worker's Compensation please provide us with a copy of your settlement papers).

8. Are you currently drawing Unemployment? ○ NO ○ YES Amount: $_____ per week/month

9. Have you ever drawn any type of Social Security benefits prior to this application? ○ NO ○ YES If "yes", please explain why your benefits were terminated.

10. Are you currently drawing short term or long term disability? ○ NO ○ YES (If you are currently drawing short or long term disability please provide us with documentation showing when you began receiving benefits and for how long they are expected to last).

11. Have you ever served in the United States Military? ◉ NO ○ YES

12. Are you currently receiving Veteran's Disability Benefits? ◉ NO ○ YES

13. Are you currently working? ◉ NO ○ YES

14. Do you have medical insurance? ○ NO ○ YES
15. Do you have Medicaid? ○ NO ○ YES
16. Are you currently drawing Social Security Retirement benefits? ○ NO ○ YES

II. **Alternate Contact Person**-Relative or Friend

1. Name: _____
2. Relationship: _____
3. Address:_____
   Street Number City, State Zip
4. Telephone Number: _____

III. **Work History-**Please give your last 15 years of employment

Employer	Job Description	Dates Worked

Why are you no longer able to perform these jobs? _____

_____

_____

_____

IV. Education

1. What is the last grade that you completed (if you started a grade but did not finish, please indicate the last grade you completed). _____
2. If you dropped out of school, please explain why: _____
3. If you did not graduate high school, did you obtain a GED? ○NO ○YES

4. Did you take any type of special education classes? ○ NO ○ YES
   If yes, in what grade were you placed in special education classes? _____

5. Are you able to read and write more than just your name and other simple three to five letter words? ○NO ○ YES
6. Are you able to perform complex math? ○ NO ○ YES
7. Did you earn a college degree? ○ NO ○ YES
8. If "yes", please indicate the degree that you earned. _____
9. Have you attended any type of vocational rehabilitation? ○NO ○ YES
   If yes, where at and during what years? _____

V. Information About Your Condition(s)

1. Please list your condition(s):

A. _____ B._____ C. _____

D. _____ E. _____ F. _____

G. _____ H. _____ I. _____

2. Is your condition(s) related to an injury, i.e. car accident, slip and fall, etc.?_____

If "yes", please describe the event that led to your injury. _____

What year did this event take place? _____

VI. Medical Treatment

1. Please list any doctors that you have EVER seen for your condition(s).

Doctor Name	Doctor Type	City and State of Office Location	**First** Visit	**Last** Visit	**Next** Visit

(DO NOT LEAVE BLANK)

2. Have any of the doctors listed above told you to stop working? If yes, which doctors? _____
3. If you are no longer seeing your doctor due to a lack of finances and/or health insurance, do you go to the emergency department for your health problems? If yes, which emergency department(s) do you typically go to? _____
   _____
   _____
   _____

4. When was the last time that you went to the emergency room and/or urgent care for your condition(s)? _____

5. Are you prescribed any assistive devices by your doctor; i.e., cane, brace, etc.?
   ○ NO ○ YES If yes, what type of device? _____

6. Please list all medications that you are CURRENTLY taking.

Name of Medication	Who Prescribed It	Why you take it	Side Effects YOU have

7. Please list any tests that you have EVER had (X-ray/MRI/EMG/Colonoscopy)

Name of Test	Who Sent You For Test	Where was the test done	Date of test

8. Please list any surgery that you have EVER had for your condition(s).

Name of Surgery	Date of Surgery	Reason for Surgery	Surgeon/Place of Surgery

9. Are you CURRENTLY seeing a doctor/hospital for your medical condition(s)?

○ NO ○ YES If "no", please explain why you are not currently seeing a doctor.

_____

_____

_____

_____

10. In your opinion, which of your conditions most limits your ability to perform any type of work? _____

11. Please explain how your conditions affect your ability to perform the following:

- Bathing: _____
- Dressing: _____
- Fixing Food: _____
- Household chores: _____
- Outdoor chores: _____
- Socializing: _____
- Driving: _____
- Shopping: _____

VIII. CRIMINAL HISTORY

1. Have you EVER been convicted of a crime? ○ NO ○ YES If "yes", please explain. _____

_____

_____

2. Have you EVER had a problem with illicit drug or alcohol use or abuse?
   ○ NO ○ YES If "yes", please explain. _____

_____

_____

3. Have you EVER been admitted into a drug or alcohol rehabilitation program?
   ○ NO ○ YES If "yes", please explain. _____

_____

IX. SOCIAL NETWORKING

Please check the social networking application that you participate in:

- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ Other: _____

VIII. OATH OF TRUTH

I , _____, hereby swear that the information provided on the above information sheet is the true and correct to the best of my knowledge. I understand and agree that should I knowingly provide false information to Grossman Law Firm, LLC, should Grossman Law Firm, LLC choose to represent me, the same will be grounds for immediate termination.

_____ _____
Claimant Signature Date

Please answer the following questions

1. Date you filed your Social Security Disability Application? _____

2. Since filing your application has your condition(s) become better, worse or stayed the same? Please explain.

3. Since filing your application do you have any new conditions or any conditions you forgot to include initially? Please explain