

SOCIAL SECURITY CASE WORKSHEET
Helpful Information

GENERAL INFORMATION

Name: _____ Date: _____
Address: _____

SSN: _____
Telephone: _____ DOB: _____
Message #: _____ Age: _____
Cell number _____ Type of Claim: _____

1. APPLICATION INFORMATION

Application Date: _____
Denial Date: _____
Recon. Request Date: _____
Recon. Denial Date: _____
Hearing Date: _____
Unfavorable Hearing Decision Date: _____

2. FAMILY INFORMATION

Married Single Widow Divorced Separated Partnered

Spouse's Name: _____
Years Married: _____
Is Spouse receiving Disability? YES NO

Total # of _____ Number of children under 18* at any time
_____ Number of stepchildren under 18*
_____ Number who reside with you

3. EDUCATION INFORMATION

Last Grade ***Completed:*** _____
When did you last go to school? _____
What school? _____
Repeated any grades? Yes No
If yes, which one(s)? _____
Special Classes? _____
GED: Yes No

When and where? _____
Reason for leaving school? _____

4. WORK HISTORY

What kind of work have you done most of your life?

Are you working now? Yes No
If yes, where? _____

Have you ever lost or quit a job because of your limitations? Yes No
Explain your answer: _____

Why can't you do the easiest job you've had in the past 15 years?

5. MEDICAL HISTORY

Medical Reasons Can't Work (List all)

Physical Ailments: 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Mental Ailments: 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Doctors that have treated you in last five years: 1. _____
Ph. _____
2. _____
Ph. _____
3. _____
Ph. _____
4. _____
Ph. _____
5. _____
Ph. _____

Medications that you are now taking:

	NAME	Dosage	What for	Doctor
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

6. REASON CAN'T WORK

- ___ Can sit for _____ minutes at one time
- ___ Can stand for _____ minutes at one time
- ___ Can walk for _____ feet before stopping
- ___ Out of an 8 hour working day, can sit for a total of _____ minutes and stand/walk for a total of _____ minutes.
- ___ Needs to walk around approximately every _____ minutes for about _____ minutes
- ___ Needs a job which permits shifting positions at will
- ___ Needs to take unscheduled breaks during work shift. Expects this to happen every _____ minutes and may need to rest _____ minutes (on average) before returning to work.
- ___ With prolonged sitting, needs to elevate legs
- ___ Needs a cane to walk
- ___ Can occasionally lift and carry _____ lbs. and frequently lift and carry _____ lbs.
- ___ Has significant limitations in reaching, handling and fingering
- ___ Can use primary hand for:
 - Grasping _____ % of the time
 - Fingering _____ % of the time
 - Reaching _____ % of the time
- ___ Can bend (not at all) (occasionally) (frequently)
- ___ Because of bad days, expects that would miss work about _____ times per month
- ___ Symptoms (often) (frequently) (constantly) are severe enough to interfere with attention and concentration
- ___ As a result of impairments has a (moderate) (marked) (severe) limitation in dealing with work stress

