

Social Security Interview Form

Do not email this form

Print it out,
fill it out as well as you can
and call for an appointment.

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Date of Appointment: _____

Source: Internet

Client: _____

Address: _____

Telephone: _____ SS# _____

Date of Birth: _____ Place: _____

Education: _____ Where: _____

Disabilities:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Hospitals, Doctors, Clinics, Chiropractors, Psychiatrists, etc.:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Case History:

SS Office:

Filed Appointment _____ Filed Agreement _____

Last worked: date _____ Type of work _____

Why stopped working: _____

Onset date: _____

Applied: _____

Initial Denial: _____

Hearing Requested: _____

Hearing Date: _____ OHA: _____ Judge: _____

Medications:

Medication	Dosage	Times/day	Reason	Doctor
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Work History (jobs held in past 15 years)

Give job title, employer and approximate years you worked there:

Medical History:

Pain: (Check all that apply)

Headaches	Chest	Stomach	Neck	
Shoulder: Left Right	Hands: Left Right	Hips: Left Right	Knees: Left Right	Ankles: Left Right
Elbows: Left Right	Back: Upper Middle Lower	Thighs: Left Right	Calves: Left Right	Feet: Left Right

Senses:

Mental:

Family:

Marital Status: Single Married Divorced

Name of Spouse: _____

Children:

Name	Age and Date of Birth

Please give the names of all the people with whom you live and their relationship to you.

Name	Relationship

Other Claims

Please give dates, case numbers, status and reasons for your application for any of the following benefits:

Workers Compensation:

Insurance Pension:

Personal Injury Suits:

Previous Social Security or SSI applications:

Other claims for benefits (e.g., General Public Assistance or VA benefits):
