

Social Security Claim Status

Have you applied for Social Security Disability (SSD) in the last 18 Months?. yes no

If yes, is the claim still pending? yes no

If yes, at what level?

- | | |
|---|--|
| <input type="checkbox"/> (First Level) | <input type="checkbox"/> (Third Level) |
| <input type="checkbox"/> (Second Level) | <input type="checkbox"/> Don't know |

Was your claim DENIED? yes no

If yes, at what level? (Circle One)

- | | |
|---|--|
| <input type="checkbox"/> (First Level) | <input type="checkbox"/> (Third Level) |
| <input type="checkbox"/> (Second Level) | <input type="checkbox"/> Don't know |

Approximate date of your last denial _____

What is your disability? _____

Please tell us about your physical limitations _____

Please tell us about your mental limitations _____

How did you become disabled?

- Sickness/Illness/Disease
- Medical Malpractice
- Accidental Injury

Are doctors currently treating you? yes no

If so, provide each doctor's 's information:

Doctor's Name	Doctor's Address	Doctor's Phone Number	Doctor's Speciality (Example: Primary Care, Cardiologist)

If you are not being treated because you are unable to pay the doctors, please contact us at (501)-376-0550 ext. 102 or 103 for a booklet of health care options.

Check If you have had:

- Back Injury Neck Injury Hip Injury Knee Injury
- Foot Problems Asthma Bronchitis Sleeping problems
- Depression Disorder Epilepsy Specific Learning Disorder (ADD or ADHD)
- Heart Problems Poor Circulation Nerve Problems HIV
- Hepatitis Mental Illness Anxiety Disorder Panic Attacks Bi-polar
- Multiple Sclerosis Concentration Problems Memory Problems
- Lower Back Pain Mental Retardation Severe Headaches
- Difficulty with your hands Difficulty getting along with others PTSD
- Other _____

Check any of the symptoms you have had:

- I do everything slowly
 - I can't concentrate
 - I can't make decisions
 - I've lost interest in the things I used to enjoy
 - I am restless
 - I am tired
 - I can't even do simple chores
 - I feel guilty
 - I am a failure
 - I feel happy and sad at the same time
 - I can't sleep through the night
 - I'm down when anything good happens
 - I think about killing myself
 - I've lost a lot of weight
 - I've gained a lot of weight
 - I cry a lot
 - I'm irritable
 - I get tired for no reason
 - I can't do the things I used to do
 - I feel empty
 - I have no energy
 - I am worthless
 - I think about death
 - Other _____
-
-

Are your problems work-related or were you hurt at work? _____ yes no

If yes, did you file a Worker's Compensation Claim? _____ yes no

Are you receiving or have you received Worker's Compensation? _____ yes no

Do you have an attorney presently assisting you in a Social Security Disability (SSD) claim? _____ yes no

If yes, why are you seeking our assistance? _____

List the medications you are taking:

Name of Medications	Strength of Medications	Number of pill or tablets a day	Medication for what ailment	Doctor's name

Are you receiving any other types of benefits such as those listed below? Please check all that apply:

Long Term Disability Early Retirement Widow's Benefits

Personal injury Settlement Medical Malpractice Settlement

Other: _____