



NEW CLIENT INFORMATION SHEET

BACKGROUND

What benefits are you seeking? (check all that apply)

Social Security Disability Insurance (SSDI) Supplemental Security Income (SSI)

Name: _____

Address: _____

Cell Phone No.: _____

Alternate phone No. _____

Email Address: _____

Date of Birth: _____ SSN: _____

Primary Language: _____ Need Interpreter? _____

Read English? _____ Write English? _____

Emergency contact (Name, Relationship, Cell Phone) _____

How were you referred to us? _____

CLAIM INFO:

Are you currently or have you received SSDI/SSI benefits in the last year? _____

If yes, please provide the date of last check _____

If no, please answer the following:

Date applied for SSDI/SSI: _____ Date(s) of denial letters: _____

On your application, what date did you state as the day you became unable to work?: _____ What date did you last work: _____

Do you have a hearing scheduled, and if so, when? _____

Have you already had a hearing, and if so, when? _____

Have you ever worked? _____

If yes, why did you stop working? _____

Why can't you work now? (describe your limitations): _____

All medical conditions/diagnosis affecting your ability to work: _____

Name, Address, phone and email address for your family doctor: _____

Name, address, phone number, & specialty of each health care provider you have seen: _____

CURRENT MEDICATIONS:

Name of medication, prescribing doctor, condition treating, side effects, if any:

Since you applied for benefits, has your condition/diagnosis changed? _____

If yes, please describe how your condition/diagnosis has changed: _____

EMPLOYMENT INFO:

Prior employment (over the last 15 years):

Employer: _____ Job title: _____

Dates of employment From: _____ To: _____

Duties: _____

Employer: _____ Job title: _____

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Employer: _____ Job title: _____

Dates of employment From: _____ To: _____

Duties: _____

Employer: _____ Job title: _____

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Duties: _____

Employer: _____ Job title: _____

Dates of employment From: _____ To: _____

Duties: _____

EDUCATION:

What was the highest grade you completed in school? _____

If you left school before completing high school, did you earn a GED? _____

Please identify any college, vocational or certificate programs that you have attended, the type of training and whether you completed the program:

Send completed form to newclientinfo@ghitterman.com or bring with you day of appt.