

**James H. Sandman, P.C.**  
**30 Green Street**  
**Newburyport, MA 01950**  
**(978) 465-9900 | Fax (978) 462-6470**  
**INFO@JSANDMANLAW.COM**

**CLIENT INTAKE QUESTIONNAIRE - Social Security disability**  
*Page 1 of 3*

***Please complete and sign this form and Fax, mail or hand-deliver to James H. Sandman, P.C.***

Name:

Address (Street, City, State, Zip Code):

Home Phone (including area code):

Cell Phone:

Emergency Phone:

Social Security #:

Date of Birth:

Birth Place:

Mother's Maiden Name:

Education:

Spouse:

Date of Birth:

Dependents and Ages:

Employer's City:

State:

Zip:

Phone #:

**Prior Work Experience**

Employer:

From:

To:

Employer's Address:

Employer:

From:

To:

Employer's Address:

Employer:

From:

To:

Employer's Address:

Date Last Worked:

Weekly Wage:

Age When You Stopped Working:

Date of Injury:

Place of Injury:

What Were You Doing at the Time of Injury?

How Did Injury Occur?

**Client Intake Form - Social Security Disability**  
**Page 2 of 3**

<b>Nature of Disability</b>	
For what reason are you disabled?	
How did the disability occur?	
When did it occur?	
Did you try to return to work? If so, when and what happened?	
<b>With whom did you treat for this disability?</b>	
Doctor:	Specialty:
Address:	When:
What was treatment for?	
Doctor:	Specialty:
Address:	When:
What was treatment for?	
Doctor:	Specialty:
Address:	When:
What was treatment for?	
Can you perform any daily activities and/or social functions ( ) Yes ( ) No	
If yes, which ones?	
Are you taking any non-prescription drugs or medications ( ) Yes ( ) No	
If yes, which ones?	
<b>Are you receiving any other benefits at this time? If so, please check all that apply.</b>	
Worker's Compensation ( )	Veteran's Benefits ( )
Long term Disability ( )	Welfare ( )
Short Term Disability ( )	Other ( )
Have you previously applied for Social Security Disability or Supplemental Income benefits? ( ) Yes ( ) No	
If Yes, when and with what result	

**James H. Sandman, P.C.**  
**30 Green Street**  
**Newburyport, MA 01950**  
**(978) 465-9900 | Fax (978) 462-6470**  
**INFO@JSANDMANLAW.COM**

---

**Client Intake Form - Social Security Disability**  
**Page 3 of 3**

<b>Who referred you to Attorney Sandman?</b>		
Attorney ( )	Doctor ( )	
Friend ( )	Yellow Pages ( )	
Former Client ( )	Newspaper ( )	
Personal Friend of Attorney Sandman or Staff ( )		
Any other information that we might find helpful?		
<b>I have read the above and it is true and accurate to the best of my knowledge and belief.</b>		
Signature		Date