



Complete this form and return it to your representative.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Please answer each question below as honestly as possible:

What is your current age? _____

Highest grade completed in school? _____

When did your impairment stop you from working?

Are you seeing a medical source for treatment of your impairments?

Does your impairment interfere with your ability to do normal activities?

Do you have multiple serious impairments? _____

Do you have both a mental and physical impairment? _____

Has your condition required surgery? _____

Have you had one or more hospitalizations as a result of your impairment?

Are you taking a medication for your condition that has caused unpleasant side effects?

Does your impairment restrict your ability to stand or walk?

Does your condition restrict your ability to sit? _____

Does your condition cause severe pain? _____

Does your impairment restrict the use of your hands? _____

Does your impairment significantly reduce your ability to see? _____

Does your impairment significantly reduce your ability to hear? _____

Has your impairment resulted in the loss of employment skills _____

Has your impairment caused a physical deformity? _____

Have you experienced a decline in your ability to memorize or concentrate? _____

Do you feel your condition is worsening with time? _____