

# Reeves Law Firm, P.A.

## Counselor at Law

Website: <http://www.reevesfirm.com>

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### PERSONAL

Name:

Last \_\_\_\_\_

First \_\_\_\_\_

Address:

Street address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail \_\_\_\_\_

How did you find out about this firm?

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Social Security information:

Is this your case? YES / NO

If No, who is the case for? \_\_\_\_\_

Have you applied for Social Security? YES / NO

Have you been denied Social Security? YES / NO

Did you appeal the denial?? YES / NO

Are you currently getting treatment? YES / NO

If YES, the last time (MM/DD/YYYY) \_\_\_\_\_

What medications are you taking? \_\_\_\_\_

Are you still working? YES / NO

If yes, what is your job title? \_\_\_\_\_

If yes, how often? PART TIME / FULL TIME

If PART TIME, how many hours a week? \_\_\_\_\_

Do you smoke? YES / NO

Do you drink? YES / NO

Have you ever used illegal drugs? YES / NO

When was the last time you worked full time? MM/DD/YYYY \_\_\_\_\_

What job did you do for the longest period of time? \_\_\_\_\_ How long (yrs/months/days)? \_\_\_\_\_

Have you ever been represented by an attorney before? YES / NO

Is your medical condition (impairments)? PHYSICAL / MENTAL / BOTH

Please list your conditions that keep you from working

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If Physical, what type of providers are you seeing? General / Chiropractor / Specialist / Family / None

If Mental, what type of providers are you seeing?? Psychiatrist / psychologist / therapist / family / None