

**THOMAS & GODLEY, PLLC**

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**SOCIAL SECURITY**  
**CLIENT INFORMATION SHEET**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET/BOX) (CITY) (STATE) (ZIP)

HOME PHONE \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**HEALTH CONDITIONS:**

**TREATING PHYSICIAN/S:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Applied/Denied: \_\_\_\_\_ Date Appealed/ Denied: \_\_\_\_\_

Has a doctor written you out of work? \_\_\_\_\_ Which \_\_\_\_\_

Last date worked: \_\_\_\_\_ Employer: \_\_\_\_\_

Why did you stop working? \_\_\_\_\_

Why can't you work now? \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_

What led you to contact T&G PLLC? (referral, phone book, ad, etc.) \_\_\_\_\_

NOTES/COMMENTS:

