



# THORNTON & COY, P.L.L.C.

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## DISABILITY QUESTIONNAIRE

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Addresses: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I am interested in filing for:  SSI  SSD  Both

### WORK EXPERIENCE

- When was the last date that you worked: \_\_\_\_\_
  - If you are still working, please provide your pay rate and how many hours a week you are working: \_\_\_\_\_
- What types of work have you done in the past: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### MEDICAL INFORMATION

- Please list any and all medical conditions that you have been diagnosed with: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Briefly describe how your disability affects your ability to work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Who are your primary doctors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT STAGE IS YOUR CLAIM CURRENTLY IN?**

- I have not filed for disability.
- I have filed for disability, but have not received a decision.
- I have filed for disability, but was denied within the last 60 days.
- I have filed for disability, but was denied more than 60 days ago.
- I have a hearing scheduled.
- I am not sure.

*Please note: You only have 60 days to appeal a denial. If your claim has been denied and you're thinking about filing an appeal, please call our office as soon as possible.*

**WHAT TO BRING TO YOUR CONSULTATION**

- A list of medications that you take.
- If your claim has been denied previously, please bring:
  - A copy of the most recent decision and any paperwork provided to Social Security
  - Medical records from your doctors for the past six months.