DOLINA/HOBBS, LLC
82 W. Washington Street
Suite 200
Hagerstown, MD 21740

Telephone: 301-739-1013
Fax: 301-739-6432
tdolina@bodie-law.com
lbrooks@bodie-law.com

Date:_____

Claimant's Full Name:_____ Age:_____

Are you currently receiving SSDI? YES/NO
Have you ever filed for SSDI or disability retirement? YES/NO
If yes, list date of application and benefit applied for _____

MEDICAL HISTORY

Have you ever been diagnosed with any of the following illnesses or conditions?

	YES	NO	Explain any "yes" and give dates of diagnosis
Hypertension			
Diabetes			
Epilepsy			
Heart Disease			
Asthma			
Allergies			
Headaches			
Hearing Difficulties			
Erectile Dsyunction			
Dental Problems			
TMJ			
Fainting			
Psychiatric			
Rheumatoid Arthritis			
Cancer			
Respiratory Difficulties			
Thyroid Disease			

OB/GYN Problems			

Have you ever been injured in a work-related or non-work-related accident before? YES/NO
If yes, please complete the following:

Date of Accident	Employer	Injuries Sustained	WCC Claim Number	Treating Physician	Attorney	Settlement/Award

Have you ever sustained any injuries or illnesses to any of the following parts of your body?

	YES	NO	Left/Right	Explain any "yes" and give dates of injuries/illnesses
Head (including eyes, nose, mouth and ears)				
Neck				
Shoulders				
Upper Back				
Middle Back				
Lower Back				
Ribs/Chest				

Arms/elbows				
Hands/wrists/fingers				
Legs/knees				
Feet/ankles/toes				
Groin/hernia				
Heart/lungs				

Have you ever been hospitalized? YES/NO

Name of Hospital	City/State	Year	Diagnosis/Procedure

List any medications you are currently taking (both prescription and over-the-counter drugs

_____