

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

**MEDICAL REVIEW TEAM (MRT)**

**SOCIAL SUMMARY OUTLINE**

I. Identifying Information

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Case Name: \_\_\_\_\_ Race: \_\_\_\_\_  
Sex: ☐ Male ☐ Female Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
County: \_\_\_\_\_ MA ID/Pending Medicaid #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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II. Education

Last Grade Attended: \_\_\_\_\_ High School Diploma: ☐ Yes ☐ No  
Illiterate: ☐ Yes ☐ No Literate: ☐ Yes ☐ No  
College Degree: ☐ Yes ☐ No Possible Retardation: ☐ Yes ☐ No  
Training or Skills: \_\_\_\_\_

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III. Marital Status

☐ Single ☐ Married ☐ Divorced  
☐ Separated ☐ Widowed ☐ N/A - Child

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IV. Family Information

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child(ren) Names: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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V. DRS Status

☐ Never Referred ☐ Referred ☐ Active ☐ Refused  
Reason: \_\_\_\_\_  
☐ Terminated  
Reason: \_\_\_\_\_

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VI. Work History

Name of Employer	Type of Employment	Dates	Reason For Leaving

VII. Military Experience ☐ Yes ☐ No

☐ Honorable Discharge ☐ Dishonorable Discharge ☐ Medical Discharge

Experience or Training: \_\_\_\_\_

VIII. Resources

Presently Receiving	Type	Amount
Social Security		
VA Benefits		
Black Lung		
Workers' Compensation		
Other (Specify)		

**Not receiving but applied for:** ☐ Social Security ☐ VA Benefits ☐ Black Lung  
☐ Workers' Compensation ☐ Other (specify): \_\_\_\_\_

**SSI Status:** ☐ Applicant ☐ Recipient  
☐ Denied Date of Denial: \_\_\_\_\_ Appeal Status ☐ Yes ☐ No

Applied for SSI ☐ and / or \_\_\_\_\_ was denied because

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



2. Other information (illnesses NOT requiring hospitalization, outpatient treatments, any current treatments, current attending physician, future hospitalization, etc).

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3. Current Medications

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**Social Factors**

**Client’s description of home environment.**

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**Does the client require assistance performing daily activities: If yes, explain.**

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**COMPLETED BY (Worker):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REVIEWED BY (Supervisor):** \_\_\_\_\_ **DATE:** \_\_\_\_\_