WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES MEDICAL REVIEW TEAM (MRT)

SOCIAL SUMMARY OUTLINE

I. Identifying	Information
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	Address: Address: County:	Date of Birth:
11.		High School Diploma: Yes No es No Literate: Yes No Yes No Possible Retardation: Yes No
111.	Marital Status	 Married Divorced Widowed N/A - Child
IV.	Family Information Spouse's Name: Child(ren) Names:	Date of Birth:
V.	DRS Status Never Referred Reason: Terminated Reason:	Referred Active Refused

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VI. Work History

VII.

VIII.

Name of Employer	Type of Employment	Dates	Reason For Leaving
Military Experience Honorable Discharg Experience or Training:		Discharge	Medical Discharge
Resources			
		уре	Amount
Resources		уре	Amount
Resources Presently Receivir		уре	Amount
Resources Presently Receivir Social Security		уре	Amount
Resources Presently Receivir Social Security VA Benefits	ig Ty	ype	Amount

		Social Security her (specify): _	VA Benefits	s 🗌 Bla	ck Lung
SSI Status:	Applicant		Recipient		
Denied	Date of Denial:		Appeal Status	🗌 Yes	🗌 No
Applied for S	SI 🗌 and / or		Wa	as denied	because

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IX. Reasons for Applying

Clients statement regarding his condition (or parents statement if client is a child). List specific conditions alleged by client. Give clients description of pain and work limitations.

Previous Manner of Support:

X. Characteristics

A. Description of client

Would client's appearance be a barrier to employment? Explain.

Could the client communicate verbally with employers, fellow employees?

- B. Developmental History
 - 1. Describe serious illnesses/injuries requiring hospitalization or institutionalization for this complaint:

Institution	Dates	Physician	Illness/Injury	Continues to Present

	2.	. Other information (illnesses NOT requiring hospitalization, outpatient t any current treatments, current attending physician, future hospitaliza		
	3.	Current Medications		
Social Facto	ors			
Client's o	desc	ription of home environment.		
Does the	e clie	nt require assistance performing daily activ	vities: If yes, explain.	
COMPLET	ED E	BY (Worker):	DATE:	
REVIEWEI	DBY	(Supervisor):	DATE:	