



CONFIRMATION OF DISABILITY & SERVICE PLANNING - Information Request

Date of Request: _____

Information Request: Initial Follow-up

Client Name: _____ Client Phone No.: _____

Date of Birth: _____ Client Address: _____

1. Current Risks: (please select one rating for each type of risk. Key: 0=none; 1=mild, ideation only; 2=moderate, ideation with either plan or history of attempts; 3=severe, ideations AND plan, with intent or means; na=not assessed.)

	No impact			Severe.....	Not assessed
Client's risk to self	0	1	2	3	Not assessed
Client's risk to others	0	1	2	3	Not assessed

2. Current Impairments that could have impact on the client's ability to work or attend school: Key: 0=none, 1=mild or mildly incapacitating, 2=moderate or moderately incapacitating, 3=severe or severely incapacitating, na=not assessed for this impairment

	No impact			Severe.....	Not assessed
Mood Disturbances (depression or mania)	0	1	2	3	Not assessed
Anxiety	0	1	2	3	Not assessed
Psychosis/Hallucinations/Delusions	0	1	2	3	Not assessed
Thinking/Cognition/Memory/Concentration problems	0	1	2	3	Not assessed
Impulsive/Reckless/Aggressive behavior	0	1	2	3	Not assessed
Physical Capacity	0	1	2	3	Not assessed
Hearing	0	1	2	3	Not assessed
Vision	0	1	2	3	Not assessed
Substance Abuse/Dependence	0	1	2	3	Not assessed
Legal Problems	0	1	2	3	Not assessed

3. Please identify diagnosis/provisional diagnosis you have available on this client:

4. Are you in support of the client participating in vocational rehabilitation services at this time?

Yes No

Comments: _____

5. Is the client currently on Medication? Yes No If yes, please comment below.

5a. Usually adherent? Yes No Not assessed

6. Potential Safety concerns for this client include:

Heights Driving Operating Equipment Heat

Other (please identify) _____

No concerns

7. Please provide a copy of discharge plan, if applicable. Yes No.

8. Are you the person responsible for providing follow-up support? Yes No

8a. If no, who is the contact person: _____

9. Please comment on any other issues that you believe may be important in return to work/school planning:

Completed by: _____ Title: _____ Phone #: _____

Date: _____

Please note if this confirmation and service planning form is incomplete we may be unable to proceed with services. Please call Bonnie Maguffee at 539-1072 if you have questions.