**Medical Inquiry**

I am applying for Vocational Rehabilitation Services within the Georgia Vocational Rehabilitation Agency for potential services to receive the necessary training and job search/placement assistance to be able to return/maintain work. This Medical Inquiry form should be completed by your doctor/or medical practitioner. Completion of this form will allow for the Georgia Vocational Rehabilitation Agency to have the necessary information to help expediate an eligibility determination for me to receive VR services.

**To be completed by individual applying for VR services**

**A. Identifying Information**

**Patient’s Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_

**Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone #:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by medical professional**

**B. Diagnosis**

Does this individual have a physical or mental impairment?  **Yes**  **No**

If yes, please complete the following regarding the impairment(s) and the nature of the impairment(s)?

**Diagnosis #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this diagnosis  **Temporary** or  **Permanent**?

Does the impairment substantially limit a major life activity as compared to most people in the general population?  **Yes**  **No?**

If yes, what major life activity(s) is/are affected?

|  |  |  |
| --- | --- | --- |
| Bending  Breathing  Caring for Self  Concentrating  Eating  Hearing  Interacting with Others  Learning  Lifting  Performing Manual Tasks | Reaching  Reading  Seeing  Sitting  Sleeping  Speaking  Standing  Thinking  Walking  Working | Other (describe below) |

Is the condition  **Stable** or  **Unstable?**

Vocational Prognosis:  **Guarded**  **Good**  **Fair**  **Poor**

**Diagnosis #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this diagnosis  **Temporary** or  **Permanent**?

Does the impairment substantially limit a major life activity as compared to most people in the general population?  **Yes**  **No?**

If yes, what major life activity(s) is/are affected?

|  |  |  |
| --- | --- | --- |
| Bending  Breathing  Caring for Self  Concentrating  Eating  Hearing  Interacting with Others  Learning  Lifting  Performing Manual Tasks | Reaching  Reading  Seeing  Sitting  Sleeping  Speaking  Standing  Thinking  Walking  Working | Other (describe below) |

Is the condition  **Stable** or  **Unstable?**

Vocational Prognosis:  **Guarded**  **Good**  **Fair**  **Poor**

**Diagnosis #3:**

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

Is this diagnosis  **Temporary** or  **Permanent**?

Does the impairment substantially limit a major life activity as compared to most people in the general population?  **Yes**  **No?**

If yes, what major life activity(s) is/are affected?

|  |  |  |
| --- | --- | --- |
| Bending  Breathing  Caring for Self  Concentrating  Eating  Hearing  Interacting with Others  Learning  Lifting  Performing Manual Tasks | Reaching  Reading  Seeing  Sitting  Sleeping  Speaking  Standing  Thinking  Walking  Working | Other (describe below) |

Is the condition  **Stable** or  **Unstable?**

Vocational Prognosis:  **Guarded**  **Good**  **Fair**  **Poor**

**C. Additional questions related to diagnosis.**

|  |
| --- |
|  |
| 1. What are the functional limitations that cause a substantial impediment to employment?  |  | | --- | | Communication – ABILITY TO RECEIVE/PROCESS COMMUNICATION – *Note: Not cultural or language barriers*  Endurance/Work Tolerance – PHYSICAL OR EMOTIONAL ABILITY TO PERFORM SUSTAINED WORK  Interpersonal Skills – ABILITY TO INTERACT WITH OTHERS IN A SOCIALLY ACCEPTED MANNER  Mobility – MENTAL/ PHYSICAL/SENSORY ABILITY TO ACCESS ONE’S ENVIRONMENT  Self-Care – ABILITY TO PERFORM ACTIVITIES OF DAILY LIVING  Self-Direction – ABILITY TO ORGANIZE, STRUCTURE OR MANAGE ACTIVITIES  Work Skills – ABILITY TO PREPARE FOR, ENTER, ENGAGE IN OR RETAIN GAINFUL EMPLOYMENT | |

|  |
| --- |
| 1. How do the above functional limitations interfere with the individual’s ability to go to work? |

**D. Additional Comments**

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| --- |
|  |

Physician’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_