

**REQUEST FOR STATEMENT OF DIAGNOSIS
AT NO CHARGE TO CLIENT OR IVRS:**

DOCTOR'S STATEMENT OF DIAGNOSIS

_____ is applying for Vocational Rehabilitation Services. In order to be eligible for Vocational Rehabilitation an individual must have an impairment, which causes major problems in getting, preparing for, or keeping a job, and require Vocational Rehabilitation services to be able to work.

Please respond to the following questions in order that I may be better able to assist _____ with his/her vocational plans. You are welcome to provide any additional information you feel would assist me in working with _____.

Return document(s) to: INSERT OFFICE ADDRESS AND PHONE/FAX NUMBERS HERE.

1. Please list current diagnosis/es _____

2. What treatments has the patient received? _____

3. What further treatments, if any, are recommended at this time? _____

4. Please list functional limitations: _____

Physician's signature _____ Date _____

Printed name _____

Address and phone number _____

****This is not an authorization for medical records. Your statement of diagnosis will assist us in making a prompt decision regarding determination of eligibility for Vocational Rehabilitation Services.**

If patient records would be more informative and there is a need to charge a copy fee, please contact us at (XXX) XXX-XXXX for authorization.

Your time is valuable. By using this form, we save state and federal case service dollars, which are used for continued or additional services for individuals with disabilities. Thank You!