NEZ PERCE VOCATIONAL REHABILITATION SERVICES

MEDICAL/PSYCHOLOGICAL CONSULTATION

POB 356 Lapwai, Idaho 83540

PH.: (208) 843-9395

1-866-440-11109

FAX: 843-9396

Consumers Name: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Any additional medical/psychological information or treatment necessary to obtain gainful employment:

☐ Yes ☐ No (Please Check One)

If answered yes, give Brief Overview:

_____

_____

Description of disability (ies): (Please Check those that Apply)

Chronic _____ Moderate _____

Acute _____ Stable _____

Severe _____ Mild _____

Prognosis: _____

Functional Limitations: _____

Does consumer require medical/psychological care for employment ☐ Yes ☐ No (Please Check One)

If answered yes, give brief overview: _____

_____

Additional Comments: _____

_____

Medical Consultant: _____Title _____ Date Signed: _____

Or Tribal Medicinal Healer Consultant: _____ Date Signed _____

1/11/12 lpg