



Request for Medical Information

TO: _____ RE: _____
(Name of Individual)

ADDRESS: _____

I am applying for vocational rehabilitation services to help me go to work. This report will verify that I have a medical and/or psychological condition. Having a health condition is a part of the eligibility criteria. My eligibility for services will not be determined until this report is received. Thank you.

Diagnosis:

- You have no physical and/or mental conditions.
- You have the following physical and/or mental condition(s).
(For mental, emotional, and/or learning impairments include the DSM code for impairments that have a code).

Primary Diagnosis: _____

Secondary Diagnosis: _____

Restrictions or limitations that Nebraska VR and I need to consider in order for me to go to work:

Comments:

(Signature and Title * — Required) (Date)

*Only an individual licensed or certified to make the diagnosis may sign this form.

Information Release: I give my consent to complete this report and send it to Nebraska VR.

(Individual's signature) (Date)

(Authorized Representative signature) (Date)

(Individual's social security number) (Individual's date of birth)