



**the
Chickasaw Nation
Division of Education
Vocational Rehabilitation Program**

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**Bill Anoatubby
Governor**

MEDICAL CONSULTANT'S REVIEW

Consumer name:		Case number:	
County:		Counselor:	

Instructions to Medical Consultant: The following information for the individual listed above will be used in determining his/her eligibility for services and/or in developing a vocational rehabilitation program. Your attention in this matter is greatly appreciated. **PLEASE TYPE OR PRINT NEATLY.**

1. Medical diagnosis:

2. Cause of diagnosis:

3. Obstacles/impediments diagnosis creates for consumer in attaining/maintaining suitable employment:

4. Prognosis of attaining/maintaining suitable employment with vocational rehabilitation services:

5. Recommendation of vocational services consumer should receive, if any and other comments:

6. Is the consumer limited in lifting? Amount of limitations?

7. Consumer is *NOT* able to function in the following working conditions:

Outdoors		Dusty		High humidity	
Dry		Extreme heat		Extreme cold	
Bright lighting		Poor lighting		Temperature changes	

Medical Consultant's Review – Cntd.

8. During a normal eight-hour work day, the consumer can do the following:

	Frequently	Occasionally (How often)	Not at all
Sit			
Stand			
Walk			
Bend			
Stoop, kneel, squat or crouch			
Crawl			
Climb or balance			

9. Other functional limitations (i.e. range of motion of extremities and/or trunk):

10. Can functioning be improved by treatment? If so what type of treatment?

11. Other remarks:

Consultant's printed name: _____ **Title/agency:** _____

Consultant's signature: _____ **Date:** _____

May we contact you if we have further questions? _____

Contact information to use: _____