

REHABILITATION INTERVIEW

Name _____ Date _____ Eval Site _____

Address _____ City/State/Zip _____

Date of Birth _____ Age _____ Married _____ Single _____ Other _____

Sex _____ Phone _____ Height/Weight _____ Rgt/Lft Handed _____

Appearance _____ Gait _____

Date of Accident _____ How Injured _____

Initial Treatment _____

Employer _____ Position _____

Worked Since Accident _____

Referral Source _____ Referral Date _____

Address _____

DISABLING PROBLEM

Previous Injuries or Injuries (Long-Term Consequences) _____

Chief Complaint(s) _____

Chronic Disability Behaviors _____

Assistive Devices _____

Environmental Influences: Heat/high humidity _____ Cold and wet/damp conditions _____ Air conditioning _____ Fumes/odors _____

MEDICAL TREATMENT

Surgical Procedures (s) _____

Previous Medical Treatment _____

Present Medical Treatment

Physician _____ Last Appointment _____
Treatment _____

Physician _____ Last Appointment _____
Treatment _____

Other _____

Medication	Purpose	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SOCIO-ECONOMIC STATUS

Spouse _____ Age _____ Occupation _____

Children _____ Number in residence _____

Family Support _____

Personal Habits: Smoking _____ Drinking _____

History of Abuse _____

Other Information _____

PSYCHOLOGICAL RESPONSE TO DISABILITY

Expressed concerns/Adjustment problems _____

Interpersonal relations _____

Stress Level/Source (Noise, confusion, family, work, etc.) _____

EDUCATION AND TRAINING

Amount _____ Last School Attended _____

Voc/Tech Training _____

Apprenticeship/OJT _____

Other(s) _____

Read/Write _____

Licenses/Certification _____

Military Experience (Dates/Service Disability/Training/Work) _____

EMPLOYMENT HISTORY

Most Recent

Employer _____ **City/State** _____

Position _____ **Equipment** _____

Date Start _____ **Date Leave** _____ **Length** _____ **Rate of Pay** _____

Job Information _____

Expressed Interests _____

Employer _____ City/State _____

Position _____ Equipment _____

Date Start _____ Date Leave _____ Length _____ Rate of Pay _____

Job Information _____

Employer _____ City/State _____

Position _____ Equipment _____

Date Start _____ Date Leave _____ Length _____ Rate of Pay _____

Job Information _____

Employer _____ City/State _____

Position _____ Equipment _____

Date Start _____ Date Leave _____ Length _____ Rate of Pay _____

Job Information _____

Employer _____ City/State _____

Position _____ Equipment _____

Date Start _____ Date Leave _____ Length _____ Rate of Pay _____

Job Information _____

Other Background History

EVALUATION PLAN

Job Difficulties Since Accident _____

Expressed Interests in Training _____

Preferred Job Goals _____

Vocational/Psychological Tests _____

INITIAL REHABILITATION RECOMMENDATIONS

1. _____

2. _____

COMMENTS

Counselor _____