Part I - Physical and/or Mental Factors:
Client's description/perception of reported/stated disability(s)-Onset & History:

How to interfere with employment:

Other disabilities their onset and history:

How they interfere with employment:

Currently working/volunteering? If so, where?

If not, last date worked:

Date of most recent medical examination:

Doctor's name and address:

Consultations with family physicians and/or other physicians and clinics

<table>
<thead>
<tr>
<th>Date</th>
<th>Doctor/ clinic name address</th>
<th>Problem</th>
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Hospitalizations

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<th>Date</th>
<th>Hospital</th>
<th>Reason</th>
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</table>
Has the client had/have any of the following?
[] Trouble with eyes or hearing?
[] Teeth or mouth problems?
[] High blood pressure?
[] Asthma or shortness of breath?
[] Stomach trouble or ulcers?
[] Jaundice or sugar problems?
[] Rupture or hernia?
[] Other medical problems
If so, effect on daily activities

Has client ever been recommended for treatment by a psychiatrist, psychologist, mental health center, family counseling, etc.? [ ] Yes [ ] No

<table>
<thead>
<tr>
<th>Dates</th>
<th>Recommended by</th>
<th>Treated by</th>
<th>Results</th>
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Has client ever been injured on the job, developed an occupational disease, or been released from the armed forces for medical reasons? [ ] Yes [ ] No

If yes, give details and workers compensation or VA claim numbers

<table>
<thead>
<tr>
<th>Date</th>
<th>Claim #</th>
<th>Nature of problems</th>
<th>Outcome</th>
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Does client have any compensation injuries or disease? [ ] Yes [ ] No
If yes, give details

______________________________

Part II- Education Factors

Highest grade of school completed____________________ When? ____________ GED? [ ] Yes [ ] No

High school attended_________________________ Location_________________________

School or other training_________________________

Where taken_________________________

If not completed, why not? ___________________________

Other school/training:

______________________________

Comments: (Strong interests, dislikes, etc.)

______________________________
Part III – Socio-Environment Factors

Marital Status: [ ] Single/ Single parent or other dependent [ ] Married [ ] Divorced [ ] Separated
Maiden Name (if applicable): ________________________________
Number of Dependents: ___________________ total number in family: __________________

Family household
Name
Age
Relationship
Employed (job)
Education

________________________________________
________________________________________
________________________________________
________________________________________

Home status: [ ] Own [ ] Rent [ ] Roommate [ ] Family Dependent
Home Satisfiability Frequency of moves: ________________________________
Name/ Address/ Telephone of person who can locate you: ________________________________

Comments: ________________________________
Criminal Record: [ ] Yes [ ] No  if yes, explain ________________________________

Under probation or parole supervision? [ ] Yes [ ] No
Name of parole officer: ________________________________

Part IV- Economic Factors

Work Status: ________________________________ Hours worked monthly: ________________
Total family income monthly: ________________________________ Plus other ________________________________
Primary source of support: ________________________________
Public Assistance: type: ________________________________ Amount $: ________________ Monthly Duration: _____

SSDI benefits: [ ] Yes [ ] No Amount $ ________________/monthly
SSI benefits: [ ] Yes [ ] No Amount $ ________________/monthly
SSA claim type: ________________________________ if type 2, 3, 8, or 9, wage earners SS#

Veteran: [ ] Yes [ ] No if yes, monthly benefit amount $ ________________________________
Automobile Transportation: [ ] Yes [ ] No Other: ________________________________
Driver’s license ________________________________ Car insurance ________________________________
Medical Insurance: [ ] Yes [ ] No Claim # ________________________________ Type/Coverage: ________________
L & I Benefits: [ ] Yes [ ] No Claim # ________________________________ Amount $ ________________/Monthly
Unemployment compensation: [ ] Yes [ ] No Amount $ ________________ Monthly
Comments (miscellaneous factors): ________________________________

________________________________________
________________________________________
Part V- Vocational Factors

Job History—Start with most recent position

Employer __________________________________________ Type of Business______________________________
Address __________________________________________ Job Duties ________________________________
From ___________ to ___________ Reason Left ________________________________________________

Employer __________________________________________ Type of Business______________________________
Address __________________________________________ Job Duties ________________________________
From ___________ to ___________ Reason Left ________________________________________________

Employer __________________________________________ Type of Business______________________________
Address __________________________________________ Job Duties ________________________________
From ___________ to ___________ Reason Left ________________________________________________

Previous contact with state DVR: [ ] Yes [ ] No If yes, when______________________________

Usual occupation: ____________________________________________________________
Vocational testing what and where: ____________________________________________

Efforts made to secure a job: where: ___________________________ when: ____________
Prospects for a job: where: ___________________________ when: ____________
Vocational choices: 1. ___________________________ 2. ___________________________
3. ___________________________ 4. ___________________________
Reasons for choices: __________________________________________________________

Comments (special skills, licenses, references, labor conditions):

Part VI- Interview Comments

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Counselor Signature: ___________________________ Date: ___________________________