

**\* \* \* INTAKE INFORMATION \* \* \***

Completion Date: \_\_\_\_\_

Do you have a ticket? Yes No Ticket # \_\_\_\_\_ Issuance Date: \_\_\_\_\_

**INTRODUCTION & BACKGROUND**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_ Alternate No. \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_

Notes: \_\_\_\_\_

Marital Status: S \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_ Separated \_\_\_\_\_ Other \_\_\_\_\_

Number in Household \_\_\_\_\_ Relationship \_\_\_\_\_

No. of Dependents \_\_\_\_\_ Relationship \_\_\_\_\_

Are you currently receiving Social Security or other financial assistance? Y \_\_\_\_\_ N \_\_\_\_\_

If so, please explain: \_\_\_\_\_

Notes: \_\_\_\_\_

Dominant hand: L \_\_\_\_\_ R \_\_\_\_\_

Current driver's license? Y \_\_\_\_\_ N \_\_\_\_\_ If no, explain: \_\_\_\_\_

Do you have reliable transportation? Y \_\_\_\_\_ N \_\_\_\_\_ Explain: \_\_\_\_\_

Do you speak English? Y \_\_\_\_\_ N \_\_\_\_\_ If no, explain: \_\_\_\_\_

**EDUCATION/TRAINING**

Circle appropriate years of schooling: 5 or less 6 7 8 9 10 11 12

GED When \_\_\_\_\_ Where \_\_\_\_\_

College 1 2 3 4 When \_\_\_\_\_ Degree \_\_\_\_\_

Where \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

Vocational School 1 2 When \_\_\_\_\_ Degree \_\_\_\_\_

Where \_\_\_\_\_ Subjects studied: \_\_\_\_\_

Licenses/Certifications:

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Notes: \_\_\_\_\_

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### MILITARY SERVICE

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Rank at discharge \_\_\_\_\_ Type of discharge \_\_\_\_\_

Duties and/or training \_\_\_\_\_

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Service disability? Y\_\_\_\_ N\_\_\_\_ If so, please explain: \_\_\_\_\_

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Notes: \_\_\_\_\_

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### EMPLOYMENT HISTORY

Most Recent Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_

Start date \_\_\_\_\_ Leave date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Job Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Duties \_\_\_\_\_

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Machines, tools, equipment used or operated: \_\_\_\_\_

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Notes: \_\_\_\_\_

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Previous Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_

Start date \_\_\_\_\_ Leave date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Job Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Duties \_\_\_\_\_

---

Machines, tools, equipment used or operated: \_\_\_\_\_

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Notes: \_\_\_\_\_

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Previous Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_

Start date \_\_\_\_\_ Leave date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

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Job Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Duties \_\_\_\_\_

---

Machines, tools, equipment used or operated: \_\_\_\_\_

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Notes: \_\_\_\_\_

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Previous Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_

Start date \_\_\_\_\_ Leave date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Duties \_\_\_\_\_

Machines, tools, equipment used or operated: \_\_\_\_\_

Notes: \_\_\_\_\_

Previous Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Start date \_\_\_\_\_ Leave date \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job Title \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Duties \_\_\_\_\_

Machines, tools, equipment used or operated: \_\_\_\_\_

Notes: \_\_\_\_\_

**MEDICAL BACKGROUND**

Disabling problem and physical limitations as described by you: \_\_\_\_\_

Significant behavioral change (sleep, weight, etc.) since injury/ illness?

Explain: \_\_\_\_\_

Notes: \_\_\_\_\_

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Assistive equipment (I.e. hearing/visual aids, wheelchair, etc.)? Y\_\_\_\_ N\_\_\_\_

If so, please explain: \_\_\_\_\_

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Arises \_\_\_\_\_ Retires \_\_\_\_\_

Housework / chores / hobbies / pastime activities prior to injury/ illness: \_\_\_\_\_

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Activities post injury/ illness: \_\_\_\_\_

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Notes: \_\_\_\_\_

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Treating Physician (current) \_\_\_\_\_

Date of last appointment \_\_\_\_\_ Reason \_\_\_\_\_

Current prescribed medication(s) \_\_\_\_\_

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Current over-the-counter medication(s) \_\_\_\_\_

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Are you currently in physical therapy? Y\_\_\_\_ N\_\_\_\_ If so, please explain:

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Pre-existing work-related injuries or illnesses? Y\_\_\_\_ N\_\_\_\_ If so, please explain:

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Pre-existing non-work-related injuries or illnesses? Y\_\_\_\_ N\_\_\_\_ If so, please explain:

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## VOCATIONAL EXPLORATION

What was your favorite job and why?

_____	_____
_____	_____
_____	_____

What are your interests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think you do best?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER AGENCY INVOLVEMENT**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
\_\_\_\_\_

Notes: \_\_\_\_\_

**ELIGIBILITY TO PROCURE EMPLOYMENT**

Have you sought employment since the time of injury/ illness? Y\_\_\_\_ N\_\_\_\_ Explain:  
\_\_\_\_\_  
\_\_\_\_\_

Have you secured employment since the time of injury/ illness? Y\_\_\_\_ N\_\_\_\_ Explain:  
\_\_\_\_\_  
\_\_\_\_\_

What is the local labor market like in your area? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you believe you can return to work with any of your previous employers? Y\_\_\_\_ N\_\_\_\_ Explain:  
\_\_\_\_\_  
\_\_\_\_\_

