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| **Texas Workforce Solutions logo** | **Texas Workforce Commission****Vocational Rehabilitation Services****Consultant Review**   |
| **Customer Data**  |
| Customer name:      | Case ID:      | Counselor name:      |
| Counselor questions or comments, if any:      |
| **Medical Consultant Recommendations** |
| The recommendations on this form are valid only six months from the date of the physician’s signature.   |
| Review type: [ ]  Medical [ ]  Psychological [ ]  Dental |
| Review of data demonstrates impairment exists? [ ]  Yes [ ]  NoComments:      |
| Diagnostic studies appear adequate? [ ]  Yes [ ]  No |
| Additional medical, psychiatric, dental, and/or psychological information needed to: [ ]  Establish diagnosis [ ]  Establish presence of disability [ ]  Establish prognosis |
| Specialist examination(s) needed? [ ]  Yes [ ]  NoIf yes, explain:       |
| Comments:      |
| **Restoration** |
| Physical, mental, or dental restoration services indicated? [ ]  Yes [ ]  NoIf yes, explain:      |
| Comments:      |
| Physician’s Printed Name:      | Date:      |
| Physician’s Signature:**X**   | Date:      |