

## VOCATIONAL INTERVENTION QUESTIONNAIRE

**Please respond to the following questions prior to meeting with your Counselor. Please use the attached pages to record your ENTIRE work history. Your detailed responses will shorten the length of your initial appointment.**

Name: \_\_\_\_\_ Claim #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date of injury: \_\_\_\_\_ Date last worked: \_\_\_\_\_  
 Attending Physician: \_\_\_\_\_ Physical Therapist: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

### EDUCATION / TRAINING

Are you a High School Graduate?                      YES                      NO                      Year: \_\_\_\_\_

If not, what is the last grade you completed? \_\_\_\_\_

Do you have a GED?                                      YES                      NO                      Year: \_\_\_\_\_

Academic Training (Community College, Vocational School, University, or Seminars).

Date/Place of Attendance	Subject Area/Classes	Degree/Certificate Completed

**What skills/abilities have you gained through your training and education? (please list below)**

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Have you ever participated in an L&I sponsored retraining program, either on this claim or a previous claim? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please respond to the following:

<u>Retraining Goal</u>	<u>Dates</u>	<u>Place of Attendance</u>	<u>Completed?</u>	<u>Claim #</u>
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1.

2.

Have you ever received assistance from the Department of Vocational Rehabilitation (DVR)?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, when and in what city? \_\_\_\_\_

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS ABOUT YOUR SKILLS:**

**Cashiering / cash register work:**

\*\* Please outline your specific experience / skills:

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**Telephone work**

\*\* Please outline your specific telephone education and/or experience, including whether you have operated a multi-line telephone system?

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**Using office equipment**

\*\* Please indicate whether you have used any of the following and if you are proficient:

Copier \_\_\_\_\_

Fax machine \_\_\_\_\_

Postage meter \_\_\_\_\_

10-Key \_\_\_\_\_

Calculator \_\_\_\_\_

Other office equipment (please specify) \_\_\_\_\_

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**Filing**

\*\* Please explain your filing education and/or experience in this area:

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**Bookkeeping/Accounting**

\*\*Please explain your bookkeeping/accounting education and/or experience in this area:

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Do you have any military experience?                      YES                      NO  
If yes, please indicate the following:

Dates of Service: \_\_\_\_\_ Branch: \_\_\_\_\_  
Duties: \_\_\_\_\_ Training: \_\_\_\_\_  
MOS: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_

Please list all licenses, certificates, and registrations, even if they are expired. Please include your driver's license and the actual license number:

Type of License/Certificate	License #/Expiration Date

Hobbies, recreational, volunteer activities: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION:**

Current Treating Physician: \_\_\_\_\_

Current Physical Therapist: \_\_\_\_\_

Describe your current treatment and therapies you are involved in: \_\_\_\_\_

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Describe past and current medical treatment not related to your injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

Projected Treatment or Surgeries: \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION:**

Have you been convicted of a misdemeanor or felony? YES NO  
(This would include a DWI offense.)

If yes, please specify:

Dates	Type/Charges
_____	
_____	

**What is your dominant hand?** RIGHT LEFT

**Do you have a valid driver's license?** YES NO

**If no, please explain:** \_\_\_\_\_

**Do you have reliable transportation?** YES NO

If yes, do you have automobile insurance as mandated by Washington State Law?  
YES NO

If you do not have reliable transportation or, are you on or near a bus line?  
YES NO

How did you get to work in your last job? \_\_\_\_\_

Are you currently receiving Social Security Disability Benefits? YES NO

Are you involved in any third party litigation related to this claim? YES NO

Have you talked with your employer about returning to work? YES NO

Result: \_\_\_\_\_

**I am (check one):**

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #: \_\_\_\_\_)
- An Alien authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Alien or Admission # \_\_\_\_\_)

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Signature

Date

**EMPLOYMENT HISTORY:**

Type of Employment (please circle): **Employment**      **Military**      **Volunteer**

**Employer Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Your Job Title:** \_\_\_\_\_

**Date of Employment:** From \_\_\_\_\_ To \_\_\_\_\_

**Total Months Employed:** \_\_\_\_\_

**Hours Worked Per Week:** \_\_\_\_\_ **Wages** \_\_\_\_\_

Work Pattern (please circle):      Full Time      Part Time      Seasonal

**If seasonal, how many months/year?** \_\_\_\_\_

Daily RT commuting distance: \_\_\_\_\_ miles      Mode of transportation? \_\_\_\_\_

Did you supervise other employees? YES      NO      How many? \_\_\_\_\_

**Specific Job Duties** (Describe in full detail, use back of page if necessary):

**What skills do you have that make you proficient in your job?** (ex: computers, 10-key proficiency, ability to work with the public, knowledge of foreign and American car mechanics)

**Equipment and Machinery used:**

**Describe the Physical Requirements:**

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