

**MENTAL HEALTH CLINICIAN'S
CONFIDENTIAL REPORT**

Case Name: _____

Case Number: _____

Social Security Number: _____

PLEASE RETURN COMPLETED FORM TO:	
EMPLOYMENT SERVICES DIVISION	
ATTENTION: PMED	
SOUTH COUNTY SELF-SUFFICIENCY CENTER	
24100 AMADOR ST., HAYWARD, CA 94544	
FAX NUMBER: (510) 259-2210	RETURN BY: _____

Clinician:

Please complete this report evaluating the individual listed below for mental health conditions that may prevent them from being able to work. Unless medically exempt, a General Assistance client may be required to participate in employment programs. Authorization for the release of information is on the reverse side.

Patients Name: _____

Birth Date: _____

Address: _____

Reason for Referral *(to be completed by SSA Social Worker)*: _____

Date of Examination: _____

	Unable To Determine	Not Significantly Limited	Moderately Limited	Markedly Limited* <i>(see below)</i>
A. UNDERSTANDING AND MEMORY				
1. The ability to remember work-like procedures.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. The ability to understand and remember very short and simple instructions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
B. SUSTAINED CONCENTRATION AND PERSISTENCE				
3. The ability to carry out very short and simple instructions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. The ability to maintain attention for extended periods- two hour segments or more.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. The ability to maintain regular attendance, and be punctual within customary tolerances. (These tolerances are usually strict.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. The ability to sustain ordinary routine without special supervision.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. The ability to work in coordination with or proximity to others without being unduly distracted by them.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
8. The ability to make simple work-related decisions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
9. The ability to complete a normal workday and work-week without interruptions from psychologically based symptoms and to perform consistent pace without an unreasonable number and length of rest periods.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
C. SOCIAL INTERACTION				
10. The ability to ask simple questions or request assistance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11. The ability to accept instructions and respond appropriately to criticism from supervisors.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
12. The ability to get along with co-workers and peers without unduly distracting them or exhibiting behavioral extremes.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
D. ADAPTATION				
13. The ability to respond appropriately to changes in a routine work setting.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
14. The ability to be aware of normal hazards and take appropriate precautions.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

