

Medical Statement (Age 6 and older)

Per Oregon Administrative Rules, a statement by a MD, DO, NP or Licensed Clinical Psychologist (Ph.D or Psy.D) may be used to determine eligibility for our services. If you would please complete this form at your earliest convenience.

TO: _____

RE: _____ DOB: _____

Please list diagnosed medical conditions (s) and/or syndrome(s)

_____ Date or age of onset: _____

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Which condition(s) is the primary reason for delays?

If you were not the first to diagnose this patient's condition, can you verify the condition?

Is this condition expected to last indefinitely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Could this condition lead to an Intellectual Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this condition originate in and directly affect the brain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you believe this individual would be capable of completing standardized testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please check all areas of functioning this condition significantly impacts:

Adaptive / Self-Care Self-Direction Learning or Cognition

Socialization Communication Mobility (gross motor)

Other: _____

(Please Print) Practitioner Name & Title

Date

Signature *Must be Signed by MD, DO, NP, or Licensed Clinical Psychologist (Ph.D or Psy.D)*

Please return to: ddintakerecords@multco.us (preferred method)
Fax: 503-988-3059 (2nd preferred method)
Multnomah County I/DD 209 SW 4th Ave Portland, OR 97204

Questions? 503-988-6356