

**PROVIDER OPINION FORM**

Patient's Name \_\_\_\_\_ MAXIS Case Number \_\_\_\_\_

**CONDITIONS & TREATMENT**

1. Diagnosis \_\_\_\_\_

2. Please describe your patient's treatment plan \_\_\_\_\_

3. Is your patient complying with their treatment plan?  YES  NO

4. Would you support your patient in applying for Supplemental Security Income (SSI) benefits?  YES  NO

**EMPLOYABILITY**

5. Is your patient currently able to work?

**YES**

- Patient is able to work Full Time.
- Patient is able to work Part Time for \_\_\_\_\_ hours a week.

**NO**

- Patient is permanently unable to work.
- Patient is unable to work and will be reassessed on \_\_\_\_\_

6. Please describe any employment limitations \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM IN ITS ENTIRETY**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Credentials \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_ Location \_\_\_\_\_

**Please return this form to**

Employment Counselor Name

Phone

Fax

**Authorization for Release of Medical Information**

I give permission to my medical professional to release the requested health care information by completing and sending this form to Washington County Community Services. I understand this information about me is protected under state and/or federal privacy laws and cannot be disclosed without my written authorization unless otherwise provided for by state and federal law. I voluntarily and knowingly waive those protections of this information and consent to its release to Washington County Community services. This information will be used, in part, to qualify me for public services and/or services. I may stop this authorization with a written notice at any time, but this written notice will not affect information the agency has already requested. This authorization will end one year from the date I sign it unless the law allows for a longer period.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Cottage Grove Service Center  
13000 Ravine Parkway S  
Cottage Grove, MN 55016  
Phone: 651-430-4159  
Fax: 651-430-4157

Forest Lake Service Center  
19955 Forest Road N  
Forest Lake, MN 55025  
Phone: 651- 275-7260  
Fax: 651-275-7263

Stillwater Government Center  
14949 62nd Street N  
Stillwater, MN 55082  
Phone: 651-430-6455  
Fax: 651-430-6605

Woodbury Service Center  
2150 Radio Drive  
Woodbury, MN 55125  
Phone: 651-275-8651  
Fax: 651-275-8682