CLARK COUNTY
OFFICE OF THE DISTRICT ATTORNEY
Family Support Division - Establishment-R&A

STEVEN B. WOLFSON
District Attorney

1900 E. Flamingo Rd, Suite 100 • Las Vegas, NV 89119 • 702-671-9200 • TTY or relay services: 711

MARY-ANNE MILLER	CHRISTOPHER LALLI	ROBERT DASKAS	BRIGID J. DUFFY	VACANT
County Counsel	*Assistant District Attorney*	*Assistant District Attorney*	*Director DA Juvenile*	*Director DA Family Support*

Medical/Service Provider Assessment
(Please complete this form legibly)

Patient/Client Name: _____ Date of Birth: _____

Name of Medical/Service Provider: _____

Circle Type of Provider: MD DO PA Psychiatrist Psychologist APRN

Other (Please Specify): _____

Diagnosis: _____

_____

_____

Current Treatment and Medications: _____

_____

_____

Does this patient have a total permanent medical disability? YES NO

Is this patient able to work? YES NO

For what period of time will this patient be unable to work? LIFETIME TEMPORARY

If temporary, please provide a timeframe for when this patient can return to work: _____

_____

Other Notes: _____

_____

Please Print Name of Doctor: _____ Date: _____

Signature of Doctor: _____ License #: _____

Address: _____

Contact Number: _____ Fax Number: _____

Clark County District Attorney Family Support Division Internal Use Only
UPI: