UTOPIA TOWNSHIP GENERAL ASSISTANCE OFFICE K. Edward Shueler, Supervisor

1188 Northwest Highway Palatine, IL 60074

Phone: (224) 535-8139 Fax: (224) 345-5527

PHYSICIAN MEDICAL REPORT

DATE:	10/24/2005	CLIENT:	Richard J. Bingham	
TO:	Alexian Brothers	DOB:	7/11/2005	
ADDRESS:	4666 Weis Road Elk Grove Village, IL 60007	ADDRESS:	123 Main S Apt # 309 Addison, IL 60101	
FROM:	D. Adams			
	General Assistance Representative			
Authorization for Release of Information: I hereby authorize release of this medical information to Utopia Township General Assistance Office				
Client Signature Date				
Client Signature Date				
PLEASE COMPLETE THE FOLLOWING INFORMATION				
Date patier	nt was last seen by you:	Diagnosis:		
Is this patient able to work full-time? Yes No		- '	If patient not able to work full-time:	
Is this patient able to work part-time? Yes No		How many hours/day can patient work? How many days/week can patient work?		
If not able to work, please list specific medical reason and dates:			er medical treatment, will this patient be able to ork? Yes No	
		If yes, wha work?	at treatment will be required prior to returning to	
Can this patient participate in a classroom assignment? Yes No		Date this p	patient is to be re-evaluated?	
This form will need to be updated at each reevaluation unless patient is permanently not able to partipate in a work program activity.				
Physician's Signature Date Report Completed				

PLEASE RETURN THIS FORM TO UTOPIA TOWNSHIP BY MAIL OR FAX!