



Canada Pension Plan Disability Vocational Rehabilitation Program Initial Assessment Report

Client Name:	Name of Service Provider:
Client Identifier Number:	Name of Consultant:
Client Address:	Consultant Telephone Number:
Client Telephone Number:	Date of Referral (YYYY-MM-DD):
Service Canada VR Case Manager:	Date of Report (YYYY-MM-DD):

Date of Interview with the Client (YYYY-MM-DD):
Date of Interview with the Physician/Nurse Practitioner (if applicable) (YYYY-MM-DD):
Date of Interview with Employer (if applicable) (YYYY-MM-DD):

Diagnosis(es):
Specific Reason(s) for Referral:

Client Identifier Number:

PROTECTED B (when completed)

PSYCHOSOCIAL PROFILE

Subjective:

Objective:

Description of Client's Home Environment:

Medical and Rehabilitation Interventions:

Education Profile:

Client Identifier Number:

PROTECTED B (when completed)

Vocational Profile:

Financial Profile:

Employer Interview (if applicable):

Third Party Provider Interview (if applicable):

Client Identifier Number:

PROTECTED B (when completed)

Functional Status:

Recommendations:

Prior to making any recommendations for further service or intervention, please choose the applicable client rehabilitation potential statement.

Client's Rehabilitation Potential:

Rationale:

Next Steps:

Choose an item:

Comments: