VIRGINIA
MEDICAL ASSISTANCE PROGRAM

Certificate
of Patient Status
REHABILITATIVE SERVICE
INTERMEDIATE CARE FACILITY

Intellectual Classification _____
Date of Psychological _____
Diagnostic Classification _____
_____

PHYSICAL CHARACTERISTICS		EMOTIONAL CHARACTERISTICS		RESTORATIVE SERVICES	
Ambulatory	☐	Impulsive	☐	Individual Casework	☐
Wheelchair	☐	Combative	☐	Group Therapy	☐
Bed Patient	☐	Antisocial	☐	Behavior Modification	☐
Sits Alone	☐	Resistant	☐	Prevocational Training	☐
Visual Impairment	☐	Irritable	☐	Vocational Training	☐
Speech Impairment	☐	Restless	☐	Academic Training	☐
Hearing Impairment	☐	Sociable	☐	Socialization Training	☐
Motor Impairment	☐	Talkative	☐	Recreational Therapy	☐
Chronic Diseases	☐	Cheerful	☐	Physical Therapy	☐
Convulsive Disorder	☐	Lacks Initiative	☐	Occupational Therapy	☐
Hyperactive	☐	Withdrawn	☐	Speech Therapy	☐
Cerebral Palsy	☐	Anxious	☐	Other (Please Specify)	
Enuresis, Soiling	☐	Fearful	☐	_____	
Braces	☐	Delusions and/or Hallucinations	☐	_____	
				_____	

Medical Diagnoses _____
_____

Sleeping Problems _____ Yes _____ No
Eating Problems _____ Yes _____ No
Height _____ Weight _____

MEDICATION — FREQUENCY

_____
_____
_____
_____

COMMENTS (Anything that would help identify patient)

_____
_____
_____
_____

DEVELOPMENTAL/REHABILITATIVE PLAN

_____
_____
_____
_____
_____
_____
_____
_____

Patient Recommended for Rehabilitation Service _____ Yes _____ No

_____ MD _____
Attending Physician — Date

FOR STATE DEPARTMENT Control # _____

Approved for Rehabilitative Service ☐
Rehabilitative Service Not Indicated ☐

Need and Suitability for Continuing Rehabilitation Treatment to Be Reviewed Not Less Than Each _____ Months

_____ _____
Date — Review Officer

ADDRESSOGRAPH

Map - 121A 1/73