Therapeutic Life Choices

1728 S. Carson Ave. Tulsa, OK 74119 (918)-406-3420

Therapeutic Life Choices, Tohi Usti Gvnvnv Edasdi, LLC

1728 S. Carson Ave. Tulsa, OK 74119

(918)406-3420 Fax (918)280-0310

Response to State of Oklahoma Disability Determination Services Request for Information

Client Name _____

Date of Services: From _____ To _____ (If current client, write "present")

Type of services rendered: ☐ Individual Therapy ☐ Individual Psychosocial ☐ Case Management

Frequency of Contact: ☐ Monthly ☐ Bi Monthly ☐ Weekly ☐ _____

Diagnosis: _____

_____

Prognosis: _____

_____

_____

_____

_____

_____

Client Response to treatment: ☐ Active ☐ Engaged ☐ Reluctant ☐ Withdrawn ☐ Resistant

Based upon my clinical involvement with this client, It is my professional opinion that the conditions associated with the Mental Health Diagnosis have the following impact on client's ability to maintain employment:

_____

_____

_____

_____

_____

_____

I can be reached for questions at ( )_____-_____

_____ _____ _____

Signature Credentials Date Printed Name Credentials

Tohi Usti Gvnvnv Edasdi is Cherokee for a "peaceful path to walk"

Instructions for Filling out Release to State of Oklahoma Disability Division

1. Please fill out page one of this form and fax it back to the number that they requested. Use their page with the Bar Code as the fax cover sheet.
2. Please put the fax cover sheet, the release and page one of this form in the clients file.
3. Fill out a line in the "Release of Information Log" which is a blue notebook kept in the cabinet above the statistician's desk in the room where the copy and file closets are located.
4. Throw this instruction sheet away.