Department of Veterans

REQUEST FOR MEDICAL SERVICES - CHAPTER 31

PART I - (To be completed by Vocational Rehabilitation Specialist or Counseling Psychologist

TO	Director (136)	**RETURN TO**	Vocational Rehabilitation and Counseling Division

INSTRUCTIONS: The veteran named below is a participant under Chapter 31, Title 38, U.S.C. Determine whether he or she needs medical or dental treatment and, if needed, provide under appropriate VA Regulations. If the veteran's medical condition either requires a leave of absence or makes training or employment questionable, include this information in item 16.

1. FIRST - MIDDLE - LAST NAME OF VETERAN	2. TELEPHONE NUMBER (Include Area Code)		3. SOCIAL SECURITY NUMBER
			TRA-
2. ADDRESS OF VETERAN	5. SERVICE DATES (Mo., day, yr.)		6. VA FILE NUMBER
	FROM	TO	7. DOB (Mo., day, yr.)

8. REHABILITATION OBJECTIVE OF VETERAN	9. ANTICIPATED DATE OF REHABILITATION

10A. SERVICE-CONNECTED DISABILITIES	10B. COMBINED SERVICE-CONNECTED DISABILITY RATING	10C. NONSERVICE-CONNECTED DISABILITIES

11. DESCRIBE REASONS FOR REFERRAL

12. PREFERRED DAY AND TIME FOR APPOINTMENT

13. SIGNATURE OF VOCATIONAL REHABILITATION SPECIALIST OR COUNSELING PSYCHOLOGIST	14. TELEPHONE	15. DATE

PART II - (To be completed by medical personnel)

16A. REPORT OF SERVICES PROVIDED AND DISPOSITION OF CASE

16B. CHECK BOX IF APPLICABLE

☐ SEPARATE MEDICAL REPORT WILL FOLLOW

17. SIGNATURE OF EXAMINING PHYSICIAN	18. DATE

VA FORM AUG 1990 **28-8861**

Date Rec'd: