



**City of South Portland Social  
Services/General Assistance Program  
25 Cottage Road South Portland, ME 04106  
Phone 207/767-7617 Fax 207/767-7620**

Primary Care  
Medical Form

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

This client of the **GENERAL ASSISTANCE PROGRAM** has stated they are presently disabled.

In order to determine the eligibility of the above-named client to receive the assistance he/she is requesting, we need the following information:

1. Nature and extent of the illness, disability or injury: \_\_\_\_\_  
\_\_\_\_\_

2. Does this illness or condition require medication? Yes / No If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

3. In your opinion is the client able to:	<u><b>YES</b></u>	<u><b>YES</b></u> (WITH LIMITATIONS)	<u><b>NO</b></u>
(a) Work at a regular job / employment?	_____	_____	_____
(b) Seek work / do job searches?	_____	_____	_____

IF **YES WITH LIMITATIONS**, please state limitations, how many hours per week, i.e. light duty, limited hours/days, restrictions on lifting, movement, standing, etc.

\_\_\_\_\_

\_\_\_\_\_

4. If unable to work at this time, when should this client be reassessed? (6 month max.): \_\_\_\_\_

5. If this client follows your treatment recommendations, should he or she be able to resume work? \_\_\_\_\_

6. In your opinion, is this client so disabled that he/she should apply for disability benefits? \_\_\_\_\_

7. Date you last evaluated this client for this condition? \_\_\_\_\_

8. Additional information/comments, if any: \_\_\_\_\_  
\_\_\_\_\_

Doctor's Name (please print): \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Agency: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

I hereby authorize (name of provider) \_\_\_\_\_ to release of the above medical information to the City of South Portland Social Services/General Assistance program.

**PATIENT SIGNATURE** \_\_\_\_\_ **PROVIDER PH. #** \_\_\_\_\_

**DATE** \_\_\_\_\_ **PROVIDER FAX #** \_\_\_\_\_

**State regulations require that persons receiving assistance work or participate in activities to prepare them for work unless they are physically or mentally incapable of working. Any information you provide is confidential by Maine State Statutes.**