



# Client Referral Form

## Assistive Technology & Ergonomic Assessments

941 S. Vermont Ave Ste. 101-241, Los Angeles, CA 90006  
1750 Lundy Ave #613066, San Jose, CA 95161  
Phone: (855) 877-8189

### COUNSELOR INFORMATION

Last Name:	First Name:	Date:
Address:		Suite No:
City:	State:	Zip Code:
Phone:	Email:	
Fax:	District/Branch	Title:
SC Name:	Email:	Phone:

### CONSUMER INFORMATION

Last Name:	First Name:	Date:
Address:		Unit No:
City:	State:	Zip Code:
Phone:	Email:	

### SERVICE

- ☐ Assistive Technology Assessment  
☐ Ergonomic Assessment  
☐ Workplace Assessment

### LOCATION

- ☐ Onsite at consumers home or office  
☐ At DOR Office, location: \_\_\_\_\_  
☐ Telephone/remote session

### DISABILITY

- ☐ Physical Describe: \_\_\_\_\_  
☐ Learning Describe: \_\_\_\_\_  
☐ Low Vision Describe: \_\_\_\_\_  
☐ Blindness Describe: \_\_\_\_\_

### ADDITIONAL NOTES
