

Ohio Department of Developmental Disabilities  
**Diagnosis Verification (Ages 10 and above)**

Individual: \_\_\_\_\_

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

Please complete only one section of the below. It is not necessary to have both areas completed.

Please complete this section if you are a physician or certified nurse practitioner (CNP) providing diagnosis verification.

1. Does the individual have a medical condition that would be defined as a severe, chronic disability?

Yes  No

Please list the person's disability: \_\_\_\_\_

Is the person receiving treatment for the diagnosis listed (treatment can include medication, counseling/therapy)?

Yes  No If yes, what type of treatment: \_\_\_\_\_

2. Was the onset of the condition prior to age 22?  Yes  No

3. Is the disability attributable to a physical or mental condition other than a sole diagnosed mental health condition?

Yes  No

4. Is this condition likely to continue indefinitely?  Yes  No

Physician or CNP's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Physician or CNP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this section if you are a licensed psychologist providing diagnosis verification.

1. Does the individual have a developmental or intellectual disability that would be defined as a severe, chronic disability?  Yes  No

Please list the person's disability: \_\_\_\_\_

Is the person receiving treatment for the diagnosis listed (treatment can include medication, counseling/therapy)?  Yes  No

If yes, what type of treatment: \_\_\_\_\_

2. Please list the instrument used to determine the presence of the disability and date administered:

Instrument: \_\_\_\_\_ Date: \_\_\_\_\_

3. Was the onset of the condition prior to age 22?  Yes  No

4. Is the disability attributable to a physical or mental condition other than a sole diagnosed mental health condition?

Yes  No

5. Is this condition likely to continue indefinitely?  Yes  No

Licensed Psychologist's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Licensed Psychologist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

