

Medical report

TRANSLATION

À UTILISER À L'EXTÉRIEUR DU QUÉBEC/
FOR USE OUTSIDE QUÉBEC

This report must be returned to the Services Québec office as quickly as possible.

Use a ballpoint pen
and **PRESS HARD**

Important notice to attending physician: The person who has remitted this form to you beleives that he or she has functional limitations that are temporary or permanent. Your patient's case can only be processed fairly if you provide complete and accurate information. For explanations about this form, please contact the Department's Service de l'évaluation médicale et socio-professionnelle at 418 644-1075 or 1 800 355-6557.

This translation is also available on our website, at Québec.ca.

Services Québec office

File No. at DepartmentSector

Identification et autorisation du patient

Last and first names

Par la présente, j'autorise le médecin à fournir au ministère de l'Emploi et de la Solidarité sociale toute information concernant mon état de santé physique ou mental actuel ou antérieur.

DateAnnéeMoisJourSignature du patient

Identification and authorization of patient

Health insurance no.

I hereby authorize the physician to give to the Ministère de l'Emploi et de la Solidarité sociale any information regarding my current or past state of physical or mental health.

DateYearMonthDaySignature of patient

Patient's current condition

Main diagnosis (use BLOCK letters)

Functional limitations : (Please check)

NoneTemporaryPermanent or extended (minimum 12 months)

Fill out section A onlyFill out sections A and B

Beginning onor CIM9YearMonthDay

A

Please indicate the disorders and functional limitations that still remain. Use the codes on back.

CodeCodeCodeCodeCode

Codes in order of importance

Important : Do the diagnosis and ensuing limitations still leave room for the patient to develop his or her work skills now? Before answering this question, please see explanation on back.

Please explain any restrictionsFor how long?

YesNo

months

B

Other diagnoses, if applicable

Severity of conditionLightModerateSevereWeight:Height:In case of hypertension: AP:

Stage of developmentAcuteChronicstableIn convalescenceIn remission

PrognosisGoodIrreversibleOther, explain:

Related past history, Illness(es) or problem(s)

Related examination or consultation reports e.g., lab reports, X-rays (provide a copy)

Treatment under way or planned, Medication

Other treatments (surgery, chemotherapy, physiotherapy, psychotherapy, etc.)

In case of traumatism or surgery, date of event

YearMonthDay

PLEASE DO NOT FILL OUT. THIS IS NOT A FORM. IT IS A GUIDE TO HELP YOU FILL OUT THE OFFICIAL FRENCH FORM.

N/A

N/A

N/A

N/A

Medical needs

Under the Act and the Regulation, beneficiaries may ask the Ministère de l'Emploi et de la Solidarité sociale to provide special benefits to cover certain medical needs for the ongoing benefit of their health. Using the codes on the back, please indicate any medical needs below.

No medical needCodeCodeCodeCodeOther, Explain:

Additional comments (If space is insufficient, please attach a note)

Note attachedYesNo

Identification and signature of physician

Last and first namesPractice permit no.

AddressTelephone numbersArea codeNumbersOfficeHospitalPagerFax

Do you feel it is important the departmental physician contact you?YesNoAre you the patient's attending physician?YesNoIf so, since when?YearMonth

SpecialtyDatePhysician's signature

DISORDERS AND FUNCTIONAL LIMITATIONS

Code			Elimination
	Mobility		51 Urinary incontinence
11	Needs help to go out		52 Intestinal incontinence
12	Cannot walk		
13	Uses a wheelchair to get around		Behavior
14	Cannot go up stairs	61	Agressiveness
15	Cannot use public transit	62	Violence
16	Tires easily when walking	63	Isolation
17	Has coordination problems		
18	Has balance problems		Emotional health
		71	Light functional limitations linked to depression
	Exercise tolerance	72	Severe functional limitations linked to depression
21	Cannot perform strenuous activities	73	Light functional limitations linked to anxiety
22	Cannot tolerate exercise	74	Severe functional limitations linked to anxiety
23	Cannot lift heavy objects	75	Cannot control emotions
		76	Indifferent
	Daily living		
31	Cannot eat unaided		Cognitive health
32	Cannot get dressed unaided	81	Orientation problems
33	Cannot wash unaided	82	Memory problems
34	Cannot remain alone	83	Trouble concentrating
35	Cannot administer his or her affairs	84	Trouble understanding
36	Cannot use hands for an extended period	85	Hallucinations
37	Cannot use feet for an extended period	86	Delirium
	Communicational ability		
41	Has a non-correctable visual impairment		
42	Has a non-correctable hearing impairment		
43	Has a speech disorder		

EXPLANATIONS REGARDING THE QUESTION IN SECTION A

<p>To help develop their work skills, recipients are offered a variety of employment-assistance measures and services. Depending on their situation, they may be able to access measures and services such as the following:</p> <ul style="list-style-type: none">• Literacy: the development of skills in reading, writing and arithmetic: generally, a minimum of 25 hours per week of courses, plus time required for assignments and study.• General or vocational education at the secondary level: 30 hours of courses per week, plus the time required for assignments and study.• Technical training: 25 course periods per week (each lasting 50 minutes), plus the time required for assignments and study.• Job preparation projects: implementation of action plans to foster the development of personal skills related to socio-professional integration: at least 20 hours of attendance per week.• Employment-assistance services: identification of employment needs, jobs-search and placement services (orientation, support, job-search techniques, preparing a résumé, etc.): a few hours a week for one or more few weeks, depending on the service.
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MEDICAL NEEDS

A Orthopedic shoes or plantar orthotics (specify type of shoes or corrective device needed)	H Transportation to receive medical or dental treatment (specify the medical reason and frequency)
B Prostheses, orthoses, or miscellaneous accessories (specify type, quantity needed, and duration of need, if applicable)	I Need of daycare services for one or more children in order to enable patient’s spouse to take part in employment assistance measures offered by the Ministère (specify the medical reason for being unable to care for the children)
C Special diet for diabetes	J Need for escorted medical transportation
D Installation of a home hemodialysis device	K Transportation to take part in therapeutic activities (specify medical reason, activity, location and frequency)
E Hemodialysis	L Living expenses – addiction treatment centre
F Oxygen (specify duration of need)	
G Move to new home for health reasons (specify medical reason for move)	