

Medical report

TRANSLATION

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

This report must be returned to the local employment centre or 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 believes 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 www.mtess.gouv.qc.ca.

Note - The masculine gender has been used in this form to designate both men and women, where applicable.

Local employment centre or Services Québec office

File No. at Department _____ Sector _____

Identification et autorisation du patient	Identification and authorization of patient
Last and first names	Health insurance no.
<i>Par la présente, j'autorise le médecin à fournir au ministère du Travail, de l'Emploi et de la Solidarité sociale toute information concernant mon état de santé physique ou mental actuel ou antérieur.</i>	<i>I hereby authorize the physician to give to the Ministère du Travail, de l'Emploi et de la Solidarité sociale any information regarding my current or past state of physical or mental health.</i>
Date _____ Signature du patient _____	Date _____ Signature of patient _____

Patient's current condition

Main diagnosis (use BLOCK letters)

Beginning on _____ or CIM9 Year Month Day

Functional limitations : (Please check)

None Temporary Permanent or extended (minimum 12 months)

Fill out section A only Fill out sections A and B

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

Code Code Code Code Code

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 restrictions _____ For how long? _____

Yes _____ No _____ months

B Other diagnoses, if applicable

Beginning on _____ or CIM9 Year Month Day

Severity of condition Light Moderate Severe Weight: _____ Height: _____

Stage of development Acute Chronic stable In convalescence In remission

Prognosis Good Irreversible Other, 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 _____ Year Month Day

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

Medical needs

Under the Act and the Regulation, beneficiaries may ask the Ministère du Travail, 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 need Code Code Code Code Other, Explain: _____

Additional comments (If space is insufficient, please attach a note) _____ Note attached Yes No

Identification and signature of physician

Last and first names _____ Practice permit no. _____

Address _____ Telephone numbers _____ Area code Numbers _____

Office _____ Hospital _____ Pager _____ Fax _____

Do you feel it is important the departmental physician contact you? Yes No Are you the patient's attending physician? Yes No If so, since when? _____ Year Month

Speciality _____ Date _____ Physician's signature _____

DISORDERS AND FUNCTIONAL LIMITATIONS

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

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:

- **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.

MEDICAL NEEDS

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| <p>A.... Orthopedic shoes or plantar orthotics (specify type of shoes or corrective device needed)</p> <p>B.... Prostheses, orthoses, or miscellaneous accessories (specify type, quantity needed, and duration of need, if applicable)</p> <p>C.... Special diet for diabetes</p> <p>D.... Installation of a home hemodialysis device</p> <p>E.... Hemodialysis</p> <p>F.... Oxygen (specify duration of need)</p> <p>G.... Move to new home for health reasons (specify medical reason for move)</p> | <p>H.... Transportation to receive medical or dental treatment (specify the medical reason and frequency)</p> <p>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 Emploi-Québec (specify the medical reason for being unable to care for the children)</p> <p>J..... Need for escorted medical transportation</p> <p>K.... Transportation to take part in therapeutic activities (specify medical reason, activity, location and frequency)</p> <p>L.... Living expenses – addiction treatment centre</p> |
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