Medical Report

I, _____, am a legally qualified _____
in the province of Ontario.

Patient's name : _____.
Date of birth : _____.

_____ _____
Signature Date

1. My patient has the following condition : _____	Yes	No
2. The condition results in substantial impairments.	Yes	No
3. The impairments experienced by my patient are as follows: _____		
4. The impairments began __ __/__ __ __ __ (M M Y Y Y Y) and are : □ continuous □ recurrent		
5. The impairments are expected to last one (1) year or more.	Yes	No
6. The impairments substantially restrict my patient.	Yes	No
7. The restrictions experienced by my patient are as follows : _____		
8. My patient has restrictions that impair his/her capacity:		
- To take care of himself/herself	Yes	No
- To function in the community	Yes	No
- To function in a workplace	Yes	No
9. The condition is likely to: □ improve □ deteriorate □ remain the same □ unknown.		