



Traverse Independence

1 -1382 Weber Street East, Kitchener, Ont. N2A 1C4

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MEDICAL REPORT

Traverse Independence is a personal health information custodian under the Ontario Personal Health Information Protection Act, 2004. We are committed to protecting the privacy, confidentiality and security of all personal information entrusted to us.

Note to applicant: This form must be completed and signed by your physician.

Name of applicant:		
Address:		
City:	Province:	Postal Code:
Phone:	Cell Number:	
Name of Physician:		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	
Primary diagnosis of applicant's disability:		
Secondary diagnoses:		
a)		
b)		
c)		
Infections/Diseases:		
TB	MRSA	HIV
Hepatitis A	Hepatitis B	Hepatitis C
Other:		

Does the applicant have any of these conditions?

	Condition	Yes	No	Not known	If yes, please specify
A	Acquired brain injury?				
B	Cardiac or respiratory problems?				
C	Urinary or gastro-intestinal tract problems?				
D	Sensory or perceptual deficits?				
E	Cognitive difficulties?				
F	Problems with swallowing?				
G	Seizures? Controlled or uncontrolled?				
H	Emotional or psychiatric issues?				
I	History of drug or alcohol related Issues?				
J	Special dietary needs?				

	Condition	Yes	No	Not known	If yes, please specify
K	Tobacco addiction?				
L	Mental health issues?				

Are there any significant findings in physical examination that would be important to know in planning for your patient's care?

Current therapies or treatments:

Current medications:

	Name of drug	Dosage	Condition being treated
A			
B			
C			
D			
E			
F			

Please attach a current medication list.

Can your patient take his or her medication independently?	Yes	No
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If no, describe what kind of help is needed.

Other information:

Physician's signature:

Date: