



Part 2 – Diagnosis of motor or organic impairment

This part must be filled out by a family doctor or a specialist.

The information provided is confidential and for the sole use of the eligibility committee

PLEASE PRINT

Identification of person

Family name	Given name
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1. Medical diagnosis

2. Since when ?

3. Specify the extent of the impairment resulting from the diagnosis (grade, class).

<input type="checkbox"/> Heart :	Class	/ IV	<input type="checkbox"/> Respiratory :	Class	/ V
<input type="checkbox"/> Parkinson :	Grade	/ V	<input type="checkbox"/> Other, specify	_____	

4. If the person is epileptic, is the problem controlled with medication ?

Yes No

Give details concerning the nature of the seizures and their frequency _____

Are there special situations that may cause seizures ?

No Yes, describes them _____

Note : The content of this form is prescribed by the ministère des Transports du Québec

5. Is recovery possible ?

Yes, in what period of time and explain : _____

No explain : _____

6. Does the person regularly use one of the following devices to move about outside ?

- Motorized wheelchair
- Manual wheelchair
- Scooter
- Other type of wheelchair, specify _____
- Walker
- Quadripod cane
- Two canes
- One or two femoral prostheses
- Two tibial prostheses
- One or two long ortheses for lower extremities
- Two tibial ortheses and crutches or canes
- Two canadian or arthritis crutches
- Other, specify _____
- None

7. Examination performed by

Name : _____ Function : _____

Date of examination Year Month Day Form filled out on Year Month Day
_____ / _____ / _____ _____ / _____ / _____

Signature _____ Telephone no. _____