



Part 2 – Diagnosis of psychological impairment

This part must be filled out by a professional from a psychiatric hospital, a psychiatrist, a psychologist or another physician.

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 or problem** _____

2. **Since when** _____

3. **Are the manifestations of this impairment ?**

Continuous Intermittent, specify _____

4. **Does the person's impairment limit his mobility ?**

Yes No

Explain : _____

5. **Is recovery possible ?**

Yes, in what period of time and explain : _____

No explain : _____

6. **Examination performed by**

Name : _____ Function : _____

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

Signature _____ Telephone n^b. _____

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