

# Medical Report

## Notice to the applicant

Before giving this form to the physician, **complete section 1, Information about the applicant's identity** and enter your social insurance number at the top of each page.

## Notice to physicians

A disability pension can be paid to a person who is under 65 years of age, who has contributed to the Québec Pension Plan for the required number of years and who has been declared disabled by the Régie.

Under section 95 of the *Act respecting the Québec Pension Plan*:

- A person shall be considered to be disabled only if the Régie declares him or her to be suffering from a severe and prolonged mental or physical disability.
- A disability is severe only if by reason thereof the person is incapable regularly of pursuing any substantially gainful employment.
- In addition, in the case of a person 60 years of age or over, a disability is severe if by reason thereof the person is incapable regularly of carrying on the usual gainful occupation he or she holds at the time he or she ceases to work owing to the disability.
- A disability is prolonged only if it is likely to result in death or to be of indefinite duration.

The information that you give in this report will allow the Régie's medical adviser to determine whether or not the person meets the requirements of the *Act respecting the Québec Pension Plan*.

## Invoices

The medical examination is an insured act, pursuant to paragraph f of section 22 of the *Regulation respecting the application of the Health Insurance Act*.

Any professional fees for preparing the report should be billed to the patient.

## Need help?

To aid you in preparing the medical report, the Régie has published a guide, available in French only, entitled ***L'invalidité dans le Régime de rentes – Guide du médecin traitant***. The guide details the information needed by the medical adviser to assess the application. If you do not have a copy, see our Web site at [www.rrq.gouv.qc.ca](http://www.rrq.gouv.qc.ca) or contact the Régie at 418 657-8709, extension 3252.

**If you have questions, contact a medical adviser at one of the following numbers:**

Québec region: 418 657-8709, extension 3252

Toll-free: 1 888 249-5137, extension 3252

**Note:** This Medical Report form is available on our Web site. You can complete it electronically.

Please return the completed form to:

Régie des rentes du Québec  
Case postale 5200  
Québec (Québec) G1K 7S9



## Medical report

### REASSESSMENT

Please print

Applicant's social insurance number\* 

#### 1. Information about the applicant's identity

Sex* <input type="checkbox"/> F <input type="checkbox"/> M	Family name*	Given name*	
	Family name at birth, if different	Given name at birth, if different	
Date of birth* year    month    day	Health insurance number*		
Address (number, street, apt.)*			
City	Province	Country	Postal code
Telephone* Home	area code	Other	area code    Extension

#### 2. Medical history and current disease

Since when has the applicant been your patient?

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Relevant medical history.

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Describe the current physical or mental disorders that result in an inability to work (symptoms, onset of disease, course, treatment to date). Indicate all the pertinent dates.

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If you need more space, provide the information in section 10.



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### 6. Diagnosis and prognosis

Diagnosis	Prognosis

### 7. Treatment

Is your patient taking any medication?  No  Yes. Indicate the dosage and frequency.

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Is your patient receiving or has your patient received other treatments?  No  Yes. Specify.

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Are other consultations, investigations or treatments planned?  No  Yes. Specify.

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### 8. Ability to work

Is your patient fit to drive a motor vehicle?  No  Yes

Have you recommended that he or she stop working?  No  Yes. Why and for how long?

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Can your patient now (or will your patient **eventually** be able to) return to his or her **usual work**?  Yes  No. Why?

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**Without taking into account age or schooling**, can your patient now (or will your patient eventually be able to) **do other work**?

Yes  No. Why?

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If applicable, **since when** has his or her physical or mental condition prevented him or her from working? \_\_\_\_\_

