

Part 2: Professional

1 - Identification			
Child's family name and given name		Date of birth	
Person receiving the supplement		Client number	
Telephone Home	area code	Other	area code
	_ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _
		Extension	_ _ _ _

2 - Consent to release personal information	The parent must sign this section.
I hereby give my consent to the professionals who assessed or treated my child to provide the Régie des rentes du Québec with the information needed to assess the child's entitlement to a supplement for handicapped children.	
Name _____ <small>please print</small>	Signature _____
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Date _____
Note: Only the mother, father or guardian can give consent.	

3 - Information for the professional
The Régie must reassess the child's condition in order to ensure that he or she still meets the requirements of the <i>Regulation respecting the Taxation Act</i> .
This report must be completed by a member of a professional order who has a license number and who has assessed or treated the child within the past 12 months.
You must send us the report as soon as possible, accompanied with all the required documents . Entitlement to the supplement will end if the reassessment is not carried out or if the necessary information is not provided.
According to the information on file, this child is entitled to a supplement for handicapped children because of a psychoemotional disorder. The questions in this reassessment report may be less pertinent today. If the diagnosis has changed or the child has problems other than a psychoemotional disorder , be sure to note this under Section 8 Other information.

4 - Information about the professional (please print)			
Family name	Given name	Profession	
Address			
City			Postal code
			_ _ _ _
License number	Telephone	area code	Extension
	_ _ _ _ _ _ _ _ _	_ _ _ _	_ _ _ _
Signature _____		Date _____	

5 - Documents that must be provided with this report
- Follow-up in child psychiatry for the past year, if the child is being seen by such a specialist
Note: If you are unable to send the follow-up, please inform the parents so that they can obtain it for us.

6 - Information on the child's difficulties
Diagnosis _____
Indicate the current global assessment of functioning for the child, if available. GAF: _____
Date of the most recent visit for your professional services _____

6 - Information on the child's difficulties (cont.)

Yes No Despite taking medication on a regular basis, the child:

must be accompanied in order to attend school (because of the psychoemotional disorder).
Indicate the number of hours of accompaniment recommended per week _____

has oppositional or provoking behaviour causing a **significant alteration** in family, social and school functioning.

has poor social judgment, or behaviours and reactions that are inappropriate for his or her age. Specify _____

is frequently hostile or violent towards others. Specify _____

has persistent ideas, thoughts, impulses or representations that are intrusive and cause significant anxiety and distress.

has ritualistic behaviour (hand washing, etc.) or mental activity (counting, repeating words, etc.) that significantly interfere with his or her usual activities and school functioning. _____

has persistent tics. Describe the tics. _____
Frequency _____ Tics observed during the assessment? Yes No

has a delay in school achievement. Indicate the child's current school achievement level, **if you have the information**, in:
mathematics _____ reading _____ writing _____

Yes No The child has one or several of the following symptoms, which **significantly limit** him or her in carrying out his or her daily activities:

Anxiety or phobic symptoms. Specify _____

Depressive symptoms. Specify _____

Psychotic symptoms. Specify _____

7 - Information about treatment and follow-up

The child's condition **requires regular follow-up in:**

Child psychiatry Frequency _____ Began in _____ Expected duration _____

Psychology Frequency _____ Began in _____ Expected duration _____

Another specialty. Specify _____

Yes No

The child takes medication on a regular basis.

Medication	Dosage	Started taking this medication on
_____	_____	_____
_____	_____	_____
_____	_____	_____

8 - Other information

Indicate the child's difficulties in carrying out daily activities and the constraints for the family, if they are not indicated in the follow-up notes.

If other health problems contribute to the child's handicap, indicate the diagnoses.

Yes No The child's condition could improve. The Régie should carry out a reassessment around _____ year _____ month or at age: _____