

OFFICE USE ONLY	File Number
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SECTION A: WHEELCHAIR USER INFORMATION

Name of Applicant (PRINT) _____

Address Apt / Unit No. Street City / Town / Municipality Province Postal Code

AB

Do you presently use a wheelchair? Yes No

If yes, provide the name of the organization or government program that authorized the wheelchair.

SECTION B: MEDICAL STATUS

To be completed by a medical doctor or an occupational therapist (AADL authorizer) concerning the above patient.

Primary diagnosis/disability: _____

Date of onset: _____ Secondary diagnosis/disability: _____

Will the applicant need to use a wheelchair on a regular basis within the next 12 months? Yes No

Briefly explain: (PRINT clearly)

SECTION C: PHYSICAL LIMITATION(S) (Check (✓) characteristics below)

1. Nature of Limitations	Mild	Moderate	Severe
a) Activity tolerance			
b) Lower limb strength/coordination			
c) Impaired balance in walking			
d) Impaired balance in climbing stairs			
e) Respiratory impairment			

3. Identify what mobility aid(s) and devices the patient currently uses and indicate in what environment(s) these are being used.

Mobility Aid	In Home	Outside Home
a) Manual wheelchair		
b) <input type="checkbox"/> Power wheelchair <input type="checkbox"/> Scooter		
c) <input type="checkbox"/> Cane(s) <input type="checkbox"/> Crutches <input type="checkbox"/> Walker		
d) <input type="checkbox"/> Lower limb prosthesis <input type="checkbox"/> Orthotic braces		
e) <input type="checkbox"/> None		

2. In my opinion, this patient's condition is permanent and the mobility impairment can be classified as:

Mild Moderate Severe

SECTION D: MEDICAL OPINION

(To be completed by a medical doctor or an occupational therapist (AADL authorizer) concerning the above patient.)

In my opinion and to the best of my knowledge the information provided in this Medical Report is accurate.

Signature of Medical Professional	Date	(stamp)
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PRINT Name Clearly	Telephone Number	

Return this completed Medical Report to your patient or mail / fax directly to:

Alberta Seniors and Community Supports
Residential Access Modification Program
P.O. Box 927
Edmonton, AB T5J 2L8

Fax: **(780) 427-0418**

Telephone: **(780) 427-5760**

To call toll free: **310-0000** then dial **(780) 427-5760**

This information is being collected under the authority of Sections 4 and 34(1)(a) of the Alberta Housing Act, for the purpose of determining eligibility for the Residential Access Modification Program. The information will not be disclosed to any other person or organization except as authorized by the Freedom of Information and Protection of Privacy Act (FOIP). For further information write or phone the FOIP Coordinator at: Alberta Seniors and Community Supports, P.O. Box 927, Edmonton, Alberta T5J 2L8. Telephone (780) 415-6039, or toll free at 310-0000 and then (780) 415-6039.