





**4. Additional information (cont.)**

4.3 Has the child begun a new treatment (physical therapy, occupational therapy, speech therapy, psychotherapy, etc.) since the Régie rendered its decision?

Yes  No

If yes, indicate the treatment, the starting date, frequency and location:

Treatment	Starting date	Frequency (per month)	Location (hospital, rehabilitation centre, clinic, CLSC, etc.)

4.4 Has the child undergone tests since the Régie rendered its decision, or is he or she expected to undergo tests?

Yes  No

If yes, indicate the test, the date or expected date, and the location:

Test	Date (or expected date)	Location

4.5 Has the child been hospitalized since the Régie rendered its decision?

Yes  No

If yes, indicate the reason, the date and the hospital:

Reason	Date	Hospital

**5. Signature**

The form must be signed by the mother, father or person mainly responsible for the child.

Signature \_\_\_\_\_ Date | | | | | | | | | |  
year month day

**Return to:**

Régie des rentes du Québec, Service de la révision, C. P. 5200, Québec (Québec) G1K 7S9