Information

MEDICAL REPORT

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.

Section 95 of the *Act respecting the Québec Pension Plan*:

- A person shall be considered to be disabled only if the Board declares him 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 holds at the time he ceases to work owing to his 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 must 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 fee for preparing the report is paid by 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, contact the Régie at (418) 657-8736 or go to our Internet site (www.rrq.gouv.qc.ca). Download

If you have questions, contact a medical adviser at the Régie at (418) 657-8709 or 1 888 249-5137, extension 3252.

IMPORTANT: This form is available on our Internet site. You can complete it electronically, but you must print it out to mail it to us.

Régie des rentes Québec

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Régie des rentes Québec

Medical report

Applicant's social insurance number*

Applicant's identification

1

Sex*	Family name*	Given name*
☐ F		
☐ M	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 or territory	Country	Postal code

Telephone*

Home (area code)

Other (area code)

Ext.

Medical history and current disease

2

Since when has the applicant been your patient?

Relevent medical history

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.

(If you need more space, please continue in section 9.)

B-076A (03-02)

Applicant's social insurance number ▶

Clinical examination

3

Date of the examination (Year / Month / Day)	Height	Weight	Blood pressure

Describe the clinical signs related to your patient's **main** health problems.
(If needed, consult the *Guide du médecin traitant*.)

1. General appearance (posture, gait, etc.)
2. Head, neck, thyroid, sensory organs
3. Lymph nodes
4. Breasts
5. Chest and lungs
6. Heart and blood vessels (indicate functional class)
7. Abdomen
8. Genital organs
9. Spine and extremities
10. Nervous system
11. Mental health

(If you need more space, please continue in section 9.)

Investigations

4

What investigations have been made and what results were obtained? Enclose supporting documents (X-rays, pathology exams, exercise stress tests, respiratory function tests, etc.).

Other information

5

To your knowledge, are there any other medical documents that we could consult?

☐ CSST
☐ SAAQ
☐ Insurance company. Name the company _____
☐ Hospital _____ Approximate date _____
Hospital _____ Approximate date _____
Hospital _____ Approximate date _____
☐ Other institution _____ Approximate date _____
(Rehabilitation centre, physical therapy clinic, CLSC, etc.)

Applicant's social insurance number

Diagnosis and prognosis

6

DIAGNOSIS	PROGNOSIS

Treatment

7

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

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

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

Ability to work

8

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

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

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

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?

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

Applicant's social insurance number

Observations or comments

9

Other considerations

10 Indicate what medical information, if any, cannot be given to your patient without risk of causing him or her serious harm.

When can your patient be given this information? _____

Physician's declaration

(Please print)

11

Family name	Given name	Licence number

Address (number, street, apartment)

City	Province or territory	Country	Postal code

Telephone Area code

Fax Area code

☐ General practitioner

☐ Specialist (specify) _____

I declare that the information given in this report is true and complete and that the patient's condition as noted herein is that which I observed at the time of my clinical examination.

Physician's signature

X

Date

Year Month Day

Complete, sign and mail to:
Régie des rentes du Québec, Case postale 5200, Québec, (Québec) G1K 7S9

Print