



Centre fiscal de Shawinigan-Sud
Shawinigan-Sud QC G9N 7S6

Reference Number

Doctor:

Re:

Date of birth:
Our file #:

We are reviewing a claim for the disability tax credit (DTC) for your patient, and we need more information to help us with our review.

The information you provide is CONFIDENTIAL and used solely to determine if your patient is eligible for the DTC. The ORIGINAL questionnaire should be directly returned to the Canada Revenue Agency when completed. Please note that only information that is authored by a qualified practitioner can be included as part of the prescribed form.

Eligibility for the DTC is based on an assessment of how your patient's impairment(s) affect his ability to perform one or more of the basic activities of daily living. Please answer the following additional questions based on your professional opinion and knowledge of your patient's medical condition.

MENTAL FUNCTIONS NECESSARY FOR EVERYDAY LIFE

Please check ONE (1) statement in each question that best describes your patient's ability to perform the mental functions necessary for everyday life, using appropriate therapy, medication, or devices.

When "inordinate amount of time" is mentioned, it means that the activity must take significantly more time than for an average person of the same age who does not have the impairment.

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Which statement describes your patient's ability to perform the basic skills of daily living (e.g., managing personal hygiene, making simple purchases, going out in the community)? Your patient:

- a) ___ is able to perform these skills independently without any assistance.
- b) ___ requires assistance or takes an inordinate amount of time to perform them, but ONLY with complex tasks, during periods of exacerbation or in stressful situations.
- c) ___ requires continuous assistance or takes an inordinate amount of time to perform them all or substantially all of the time, at least 90% of the time.

Which statement describes your patient's ability to express himself? Your patient is:

- a) ___ able to express himself without difficulty.
- b) ___ unable or takes an inordinate amount of time to express himself, but ONLY when the subject is complex, during periods of exacerbation or in stressful situations.
- c) ___ unable or takes an inordinate amount of time to express himself all or substantially all of the time, at least 90% of the time.

Which statement describes your patient's ability to follow simple instructions? Your patient is:

- a) ___ able to follow instructions most of the time.
- b) ___ unable or takes an inordinate amount of time to follow instructions, but ONLY when the tasks are complex (e.g., following multi-step instructions), during periods of exacerbation or in stressful situations.
- c) ___ unable or takes an inordinate amount of time to follow simple instructions all or substantially all the time, at least 90% of the time.

Which statement describes your patient's ability to remember?
Your patient:

- a) ___ has no difficulty remembering most of the time.
- b) ___ is unable or takes an inordinate amount of time to remember, but ONLY when instructions are complex, during periods of exacerbation or in stressful situations.
- c) ___ is unable or takes an inordinate amount of time to remember simple instructions, and requires continuous supervision to ensure his well-being all or substantially all of the time, at least 90% of the time.

Which statement describes your patient's ability to find solutions to practical problems that are encountered on a daily basis? Your patient:

- a) ___ is able to independently find solutions without difficulty.
- b) ___ is unable or takes an inordinate amount of time to find solutions, but ONLY when the tasks are complex (e.g., when abstract thinking is required), during periods of exacerbation or in stressful situations.
- c) ___ is unable or takes an inordinate amount of time to find solutions to minor problems all or substantially all of the time, at least 90% of the time (e.g., cannot find an alternative way to get home in the event of a local street closure).

Which statement describes your patient's ability to exercise judgment in daily situations? Your patient is:

- a) ___ able to make appropriate judgments most of the time.
- b) ___ unable or takes an inordinate amount of time to make appropriate judgments, but ONLY when the tasks are complex (e.g., making financial decisions), during periods of exacerbation or in stressful situations.
- c) ___ unable or takes an inordinate amount of time to make appropriate judgments all or substantially all of the time, at least 90% of the time.

Which statement describes your patient's ability to be self-directed in planning his daily activities? Your patient is:

- a) able to independently plan his daily activities most of the time.
- b) unable or takes an inordinate amount of time to independently plan his daily activities, but ONLY when the tasks are complex (e.g., planning a trip), during periods of exacerbation or in stressful situations.
- c) unable or takes an inordinate amount of time to independently plan his daily activities all or substantially all of the time, at least 90% of the time (e.g., requires someone to constantly tell him what to do).

Please enter the year when the limitations indicated in the responses to the previous questions began. This is not necessarily the same as the year the diagnosis was made.

Year

Is your patient's ability to perform the mental functions necessary for everyday life likely to improve (e.g., with medication and/or therapy)?

Yes _____ No _____ Unsure _____

If yes, please give the year you expect to see this change. _____

Has your patient's impairment lasted, or is it expected to last, for a continuous period of at least 12 months?

Yes _____ No _____

Other comments:

I certify that I have completed the above questionnaire.

Signature: _____

It is a serious offence to make a
false statement

Date: _____

Please return the ORIGINAL version of your completed questionnaire in the enclosed envelope (or enclosed label) within 30 days of receiving this letter. If you do not, we will have to close the file since we will be unable to determine eligibility.

ANY MEDICAL FEES RELATED TO THIS CREDIT ARE THE RESPONSIBILITY OF THE APPLICANT OR THE APPLICANT'S REPRESENTATIVE. HOWEVER, THE APPLICANT CAN CLAIM THEM AS A MEDICAL EXPENSE (see line 330 in the "General Income Tax and Benefit Guide").

If you have questions contact Individual income tax enquiries at 1-800-959-8281. If you use a teletypewriter (TTY), contact our bilingual TTY enquiry service at 1-800-665-0354 during regular hours of service.

Yours sincerely,

C. Bergeron
Division des services aux particuliers et de prestations