



**PEI Home Renovation Program
Community Services & Seniors**

PO Box 2000 Fax: 902-368-3394
Charlottetown Toll Free: 855-374-7366
Prince Edward Island Email: homereno@gov.pe.ca



10/14/14

MEDICAL FORM

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION PEIHRP FOR PERSONS WITH DISABILITIES

***Required to be completed by the Health Professional (Physician, and/or Occupational Therapist)**

NOTE: The information requested on the person with disability will be used in connection with the homeowner applying for funding under the PEI Home Renovation Program for Persons with Disabilities (PEIHRP) to carry out remedial modifications to their home.	
Patient's Full Name:	Date of Birth:
How long has this patient been under your care?	
Please describe the nature of the condition.	
Is the patient's condition disabling? Please explain.	
Please confirm what modifications to the patient's dwelling will benefit his/her disability.	
Medical Professional's Name:	Medical Professional's Signature:
Specialization:	
Address and Telephone Number: (please use stamp if available)	
Privacy Statement Personal information on this form is collected under Section 31 of the <i>Freedom of Information and Protection of Privacy act</i> R.S.P.E.I. 1988, c.F-15.01, as it relates directly to and is necessary for the provision of the PEI Home Renovation Program. If you have any questions about this collection of personal information, you may contact the Department of Community Services and Seniors at ,1-855-374-7366.	