



Family and
Human Services

Services à la famille
et à la personne



PEI Home Renovation Programs
P.O. Box 2000, Charlottetown
Prince Edward Island
Canada C1A 7N8

C.P. 2000, Charlottetown
Île-du-Prince-Édouard
Canada C1A 7N8

MEDICAL VERIFICATION FORM

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION PEIHRP FOR PERSONS WITH DISABILITIES

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

Privacy Statement - Personal information on this form is collected under section 31 of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap.F-15.01, as it relates directly to and is necessary for the provision of the PEI Home Renovation Programs. If you have any questions about this collection of personal information, you may contact the Department of Family and Human Services at 1-855-374-7366.

NOTE: The information requested about the person with a disability will be used in connection with an application 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)