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Ontario Ministry of Community and Social Services

Ontario Disability Support Program
Instructions for Health Care Professionals: Medical Forms Part A and Part B

Recipient Information

Member ID	Referral ID	Date of Birth (yyyy/mm/dd)
/	/	1980 / 07 / 31

Last Name	First Name	Sex
Potter	Harry	M

Current Address

Unit Number	Street Number	Street Name	PO Box
101	1	Hogwarts Lane	

City/Town	Province	Postal Code
Hogsmeade	ON	K0K 2L0

The Medical Forms collect current information about an ODSP recipient's medical conditions as part of a review of their eligibility for income support from the Ontario Disability Support Program (ODSP).

There are two forms:

Medical Form Part A is mandatory and relates to medical conditions that were identified during the previous ODSP disability decision.

Medical Form Part B relates to any other medical conditions that are not listed in Part A. It is only completed if necessary, based on questions asked at the end of Part A

The ministry will pay you to complete the forms. Billing and payment information is on the next page.

Who may complete the Medical Forms

Part A must be completed by an Ontario registered:

- physician
- psychologist
- nurse practitioner
- optometrist
- psychological associate

Part B has two sections, the Health Status Report (HSR) and the Activities of Daily Living (ADL).

The **HSR** may be completed by an Ontario registered:

- physician
- psychologist
- nurse practitioner
- optometrist
- psychological associate

The **ADL** may be completed by an Ontario registered:

- physician
- psychologist
- nurse practitioner
- optometrist
- psychological associate
- chiropractor
- physiotherapist
- occupational therapist
- social worker
- registered nurse
- audiologist
- speech language pathologist

How to complete the Medical Forms

1. Review the Summary of Disability Decision provided by your patient. It will assist you in completing the forms.
2. Please fill out each section as completely as possible. If anything is missing, the ministry will need to follow up with you. This can cause a delay with your patient's medical review.
3. If two different health care professionals complete Part B, please make sure each signs and dates the part they completed.
4. The ministry will only accept originals of forms. Please make a copy for your records.

For more information about medical review process, please see the Information for Health Care Professionals sheet.

Billing and Payment Information

Important

- Please **do not** bill or seek payment directly from patients for completing these forms.
- The cost of making copies of medical reports is included in these fees.

Physicians

Completion of Medical Form Part A	K057	($35)
Completion of Medical Form Part B		
Both Health Status Report and Activities of Daily Living Index	K058	($125)
Only Health Status Report	K059	($100)
Only Activities of Daily Living Index	K060	($25)

Other Approved Health Care Professionals

Please submit an invoice to the Disability Adjudication Unit using the following fees:

Completion of Medical Form Part A	$35
Completion of Medical Form Part B	
Both Health Status Report and Activities of Daily Living Index	$125
Only Health Status Report	$100
Only Activities of Daily Living Index	$25

How to submit an invoice

1. Create an invoice on letter size paper that includes:
   - your full name, profession, and organization
   - your address, including postal code, telephone and fax numbers
   - the patient's full name, date of birth, and member ID (this is on each page of the form)
   - the name of the form you completed (e.g., Part A, Part B Health Status Report and/or Part B Activities of Daily Living Index)
2. Mail your invoice to

   Ontario Disability Support Program
   Disability Adjudication Unit
   Box B18
   Toronto, ON M7A 1R3

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Ontario Ministry of Community and Social Services

Ontario Disability Support Program
Medical Form Part A
Previously Identified Medical Conditions, Impairments and Restrictions

Recipient Name		
Harry Potter		
Member ID	Referral ID	Date of the decision
/	/	Jan 1 2010

Section 1. Status of previously identified medical conditions, impairments and restrictions

1.1. Based on the medical and other related information, **describe the patient's current status including any clinically significant change in the impairments and restrictions.**

Impairment Any loss or deviation in psychological, physiological or anatomical structure or function.

Duration Refers to how long the impairment, either continuous or recurrent, is expected to last from the date the medical review form is completed

Restriction A limitation in activities of daily living caused directly by the impairment.

Previous Medical Condition 1

Migraines

Prognosis of condition is likely to

☐ improve ☑ remain same ☐ deteriorate ☐ unknown

Previous Impairments	Still Present Yes	Still Present No
Migraines	☑	☐
Visual Aura	☑	☐
Nausea	☑	☐
Dizziness	☑	☐
Irritability	☑	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

► Describe below any **clinically significant change** in listed impairments or indicate if there has been no change since

2010/01/01
Date (yyyy/mm/dd)

List any new impairments

none

Duration of Impairments

Expected to last ▼
☐ less than 1 year
☑ 1 year or more

And are ▼
☑ recurrent/episodic
☐ continuous

Previous Restrictions	Still Present Yes	Still Present No
Cannot focus	☑	☐
cannot work	☑	☐
Cannot leave house unattended.	☑	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

► Describe below any **clinically significant change** in listed restrictions or indicate if there has been no change since

2010/01/01
Date (yyyy/mm/dd)

List any new restrictions

none

Ontario Disability Support Program Medical Form Part A
Previously Identified Medical Conditions, Impairments and Restrictions

Recipient Name	Referral ID	Member ID
Harry Potter	/	/

Previous Medical Condition 2

Shoulder / Arm Pain

Prognosis of condition is likely to

☐ improve ☑ remain same ☐ deteriorate ☐ unknown

Previous Impairments	Still Present Yes	Still Present No
Pain	☑	☐
Decreased ROM	☑	☐
Stiffness	☑	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

► Describe below any **clinically significant change** in listed impairments or indicate if there has been no change since

2010/01/01
Date (yyyy/mm/dd)

List any new impairments

None

Duration of Impairments

Expected to last ▼

☐ less than 1 year
☑ 1 year or more

And are ▼

☐ recurrent/episodic
☐ continuous

Previous Restrictions	Still Present Yes	Still Present No
Hard to write / type	☑	☐
Cannot lift > 10 lbs	☑	☐
No overhead work	☑	☐
Needs help grocery shopping	☑	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

► Describe below any **clinically significant change** in listed restrictions or indicate if there has been no change since

2010/01/01
Date (yyyy/mm/dd)

List any new restrictions

None

Add Impairments (+)

Ontario Disability Support Program Medical Form Part A
Previously Identified Medical Conditions, Impairments and Restrictions

Recipient Name	Referral ID	Member ID
Harry Potter	✓	✓

1.2 Answer the following questions to determine if Section 2 needs to be completed

1. Did any impairments or restrictions listed in Section 1 show clinically significant improvement? ☐ Yes ☑ No

2. Did you indicate for any medical condition in Section 1 the prognosis is to "improve" or is "unknown"? ☐ Yes ☑ No

- ► If you have answered **No** to both questions, **do not complete Section 2 and proceed directly to Section 3** to sign and date the form. **Do not complete Part B**. Nothing further is needed
- ► If you have answered **Yes** to either question, **complete Section 2**. The ministry needs this information to make a decision about whether your patient continues to qualify for ODSP.

Section 2. Available medical and other information related to Section 1 only

2.1 To help the ministry better understand your patient's current status, please **describe below or attach** all available medical and other information that led you to indicate that:

- Any of the impairments or restrictions listed in Section 1 showed clinically significant improvement
- Any of the medical conditions listed in Section 1 were likely to "improve" or prognosis was "unknown"

A. **Examination Findings** (e.g. physical and mental status examination, cognitive and behavioural function, substance-related or addictive disorder findings)

☐ See Attached

B. **Other Findings** (e.g. diagnostic investigations, specialist assessments)

☐ See Attached

C. **Treatments or Interventions** (e.g. counselling, medication, progress and outcome)

☐ See Attached

D. **Impact of impairments and restrictions on patient's day-to-day activities** (e.g. requires assistive devices or equipment, special services)

☐ See Attached

E. **Please describe in more detail about the prognoses**

Ontario Disability Support Program Medical Form Part A
Previously Identified Medical Conditions, Impairments and Restrictions

Recipient Name	Referral ID	Member ID
Harry Potter	/	/

F. **Please describe other information that might be useful in understanding the patient's current situation** (e.g. history of homelessness, need for community supports, availability of resources, etc.)

2.2 Answer the following questions to determine if Part B needs to be completed

Are there any other medical conditions not listed in Section 1 that:

- present with impairments and restrictions, and
- contribute to the patient's current status?

☐ **No ►** If you have answered **No, do not complete Medical Form Part B. Proceed to Section 3** below to sign and date the form. Nothing further is required.

☐ **Yes ►** If you have answered **Yes, proceed to Section 3** to sign and date form, and then **complete Medical Form Part B.** The ministry needs this information to make a decision about whether your patient continues to qualify for ODSP.

Section 3. Certificate of Approved Health Care Professional (Must be completed for all applicants)

I, Madam Pomfrey (name) am a legally qualified Nurse Practitioner (profession)

in the Province of Ontario; and registered with College of Nurses of Ontario (professional regulatory college)

My registration number is adol2 (registration number).

I confirm that the information I have provided is true in my professional opinion.

Signature (do not use stamp here) Madam Pomfrey

Date (yyyy/mm/dd) 2017/11/09

Address

Unit Number	Street Number	Street Name	PO Box	**or Stamp**
City/Town		Province	Postal Code	
Telephone Number		Fax Number		

The Criminal Code of Canada s.s 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. The Ontario Disability Support Program Act, 1997, section 59, states that a person who knowingly aid or abets another person to obtain or receive assistance to which the other person is not entitled to under the Act and the regulations is guilty of an offence.

Notice with Respect to the Collection of Personal Information (*Freedom of Information and Protection of Privacy Act*) This information is collected under the legal authority of the *Ontario Disability Support Program Act*, 1997, *section 5 and 10, for the purposes of administrating the Ontario Disability Support Program.* For more information about the collection of personal information, contact the Client Service Advisor at the Ministry's Disability Adjudication Unit (DAU) at 416-326-0417 or toll free at 1-888-256-6758 or by writing to the ODSP DAU,Box B18, Toronto, ON M7A 1R3.

If the recipient appeals the decision, this and all supplementary medical information provided will be released to the applicant, their legal representative(s) and the Social Benefits Tribunal.

Print Form Clear Form