

- Instructions:**
1. Part 1 to be completed by patient.
 2. Part 2 to be completed by physician
 3. **Any charge for completion of this form is the patient's responsibility.**

Part 1: Patient Authorization

Name:		Date of Birth: (dd/mm/yy)	
Our Reference			
I, _____ hereby authorize the release to my insurer any information including consultation reports and tests with respect to this claim.			
Patient Signature:			Date (dd/mm/yy)

Part 2: Attending Physician's Statement

Primary Diagnosis (please use DSM IV Criteria for mental/psychiatric conditions) :				
Additional Conditions or Complications:				
Subjective Symptoms (including severity and frequency):			Current GAF Score (Global Assessment of Functioning)	
Objective findings on examination:				
Date of latest attendance (dd/mm/yy)			Hospital Admission and Discharge Dates (dd/mm/yy)	
Current prescribed medications and dosages:				
Name				
Initial Dose				
Current Dose				
Date of Last dose change				
Other treatment (e.g.: physiotherapy, counselling, etc.):				
Future treatment plans (e.g.: pending referrals, imaging, surgeries):				

Name:		Date of Birth: (dd/mm/yy)	
-------	--	---------------------------	--

Expected Recovery / Return to Work date: (dd/mm/yy)
Can your patient return to work on gradual basis or any other occupation at this time?
Prognosis for recovery:

<i>Current functional Limitations</i>				
Function:	Degree of Limitation			
	None	Slight	Moderate	Severe
Cognition				
Speaking				
Hearing				
Vision				
Psychological				
Sensation				
Dexterity				

Activity:	Degree of Limitation	
	Duration / Weight	Frequency
Driving		
Walking		
Standing		
Climbing		
Sitting		
Bending		
Lifting		
Dexterity		

Additional Comments:

Name of Attending Physician (please print)	Specialty:	Telephone:
Address		
Signature of Physician		Date (dd/mm/yy)

PLEASE SUBMIT COMPLETED FORM TO:

THE CANADA LIFE ASSURANCE COMPANY
CREDITOR INSURANCE - CLAIMS DEPARTMENT
 MAIL TO: 330 UNIVERSITY AVENUE, TORONTO, ONTARIO, CANADA M5G 1R8
 OR FAX #: 416-552-6557

OR EMAIL TO: Western and Northern Provinces: vancouver_creditor@canadalife.com
 Ontario : tor_creditor_claims@canadalife.com
 Québec : creances.montreal@canadalife.com
 Maritime Provinces : halifaxcreditor@canadalife.com