

## DOCUMENTATION & REFERRAL FORM

RSBCLR AACQQG@GJGRW ? LBPATRONIC K C?LARA C Q @ RB@ GCNSP  
This form is a means of providing RSBCLR AACQQG@GJGRW information about this student's particular diagnosis(es) (M(hgPlc (acco7 (s)3-16g21determin03 Tw (form )Teco7 (s)3-16g21reasonable0.05 Tw (

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† § The student has been my patient since: 0  
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Duration

<p>  Permanent Disability</p>	<p>This student has a chronic impairment (a stable diagnosis expected to persist throughout the course of their studies at McGill University) with symptoms that are persistent, cyclic, or episodic.</p>
<p>  Temporary Disability</p>	<p>A temporary impairment from which the student may recover within 6 -12 months.</p> <ul style="list-style-type: none"> <li>- Expected recovery by: _____ (DD/MM/YR)</li> <li>- If recovery is unknown, please indicate an approximate recovery timeframe by term ending            Fall semester &lt; Winter semester &lt; Summer semester</li> </ul>

1.3. In your opinion, do you think that the student is able to take a full course load (180 hours / semester) ? Please note that your response will not impact the student's ability to register as a full or part -time student.       Yes     No

1.3.1. If no, please indicate your reasoning for this recommendation:

**PROFESSIONAL INFORMATION**

Name:	
Professional title: (e.g. Psychologist, Physician, Psychiatrist, etc)	
License number:	
Address:	
Telephone number:	

Professional's Signature: \_\_\_\_\_

Date of consultation: \_\_\_\_\_