

Attending Physician's Statement Psychological Disability

Employee's name _____

McGill ID # _____

I authorize the release of any information with respect to this claim to my employer and/or his representative.

Employee's signature _____

Date _____

To the Attending Physician,

As a permanent employee of McGill University, your patient is eligible for salary continuance in the case of short term disability. McGill University manages its own short term disability plan. Please provide the following medical information to allow us to review your patient's eligibility for salary continuance.

DE (To be completed by the attending physician) **DE**

Diagnosis

Diagnosis (as per the DSM V) _____

- Personality disorders _____

- General medical conditions _____

- Psychosocial or environmental problems (triggers) _____

- GAF Score _____

Symptoms: _____

Functional limitations preventing the patient from working : _____

Treatments

Medication (and dosage): _____

Referral made to: psychiatrist psychologist social worker EAP other _____

Specialist's name and frequency of visits _____

Evolution of condition: Progression Regression Stabilization Prognosis _____

Patient's co-operation in treatment: high medium low

Date of visit _____ Date of next visit _____

Return to Work

Anticipated return to work date: _____

A progressive return to work may be favorable to your patient. Please note that McGill University is committed to providing accommodation whenever possible.

Restrictions: _____

Progressive return to work schedule: _____

DE **DE**
Name _____ License # _____

Signature _____ Date _____

Address, phone #, and fax #, or clinic stamp

The employee is responsible for the completion of this form without expense to the University.