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AISH Application - Medical Report

Protected B (when completed)

Information for Physicians

Your patient (the applicant) is applying for the Assured Income for the Severely Handicapped (AISH) program. AISH provides financial and health benefits to eligible adult Albertans with a permanent medical condition, which prevents them from earning a living.

AISH has sole responsibility for determining whether an applicant meets medical, financial, age, and residency eligibility criteria for the program. We assess the information you and the applicant provide to understand how their medical condition impacts their ability to earn a living.

As a physician registered to practice in Alberta, your role is to complete the AISH Application Medical Report and provide supporting documentation to give a thorough and accurate picture of the applicant's:

- medical condition
- level of physical, mental, and cognitive functioning
- limitations on capacity to function, and
- prognosis.

Use the checklist and reference information on the next page to complete the AISH Application - Medical Report.

Getting Consent

When completing the AISH Application - Medical Report you, as a custodian under the *Health Information Act* (HIA), are responsible for obtaining your patient's consent to disclose personal health information in accordance with the HIA.

For information about how to obtain a valid consent, please contact the HIA Help Desk using the contact information provided at: www.alberta.ca/health-information-act.aspx

The AISH Application - Medical Report and supporting medical information provided will be used by the Government of Alberta to determine AISH program eligibility and benefits, and other government benefits. The AISH Application - Medical Report may be shared, in accordance with the *Freedom of Information and Protection of Privacy Act*, with:

- the applicant
- a medical consultant or psychological consultant on contract with the ministry of Community and Social Services
- the Canada Pension Plan Disability program, to determine the applicant's medical eligibility for that program, and
- an AISH appeal panel, if the applicant appeals the medical eligibility decision.

Receiving Payment

The applicant is responsible for paying you to complete the AISH Application - Medical Report. The fee for service consists of the equivalent to the Alberta Health Schedule of Medical Benefits, Code 03.04A (or equivalent specialty code) for the examination, plus a fee agreed to by the Alberta Medical Association for report completion.

The Government of Alberta may cover costs for you to complete and provide copies of the AISH Application - Medical Report for applicants who are receiving Income Support. When the Government of Alberta agrees to assume this cost, you will receive an expense approval letter directly from the Income Support program or the applicant will give it to you.

Use the Physicians' Guide at alberta.ca/aish for more information.

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Checklist for completing the AISH Application - Medical Report

- Follow the step-by-step instructions in the Physicians' Guide to Completing the AISH Application (Physicians' Guide) available at www.alberta.ca/aish-how-to-apply.aspx, or refer to the Physicians' Guide quick reference below.
- Complete the AISH Application - Medical Report yourself or with assistance from nurse practitioners, specialists and/or other allied medical professionals.
- Write legibly in blue or black ink if completing by hand.
- Complete each section of the AISH Application - Medical Report.
- Use Section 9 or add pages if extra space is needed to answer questions or give additional information or details.
- Attach medical reports, assessments and other documentation from you, your consulting specialists, and/or allied health practitioners that relate to the applicant's condition(s), diagnosis(es), and impairment(s) - do not send the entire medical record.
- This form must be signed by a physician registered with the College of Physicians and Surgeons of Alberta, or the application will not be processed.
- Make copies of the AISH Application - Medical Report and supporting documents for your files, and give a copy to the patient/applicant.
- Submit the AISH Application - Medical Report and supporting documents to AISH by:
 - submitting them online at <https://aish-apply.alberta.ca>, or
 - giving them to the applicant to submit to AISH, or
 - faxing them to 587-469-3006 (Edmonton Area) or 1-877-969-3006 (rest of Alberta), or
 - mailing them to PO Box 17000 Station Main, Edmonton, AB, T5J 4B3.

Physicians' Guide Quick Reference

Section 1: Applicant Information - Physicians' Guide page 4.

Identify and confirm applicant's personal information.

Section 2: Relationship with Applicant - Physicians' Guide page 4.

Give information about your relationship with the applicant, and history treating the medical condition(s) that relates to the AISH applicant.

Section 3: Diagnosis(es) - Physicians' Guide page 4.

Provide information about the medical condition(s) that is relevant to the AISH application.

Section 4: Medical History - Physicians' Guide page 5.

Give additional details about the applicant's medical history and supporting evidence of medical and/or psychiatric condition(s) and diagnosis(es).

Section 5: Levels of Impairment - Physicians' Guide page 6.

Indicate the symptoms that cause impairment, causal relationships between symptoms and functional limitations, and levels of impairment the applicant may experience on a regular and ongoing basis.

Section 6: Medication - Physicians' Guide page 7.

Describe the applicant's medication history and how the medication(s) impact their ability to function.

Section 7: Treatment - Physicians' Guide page 7.

Describe how the applicant's medical condition(s) has been impacted by past, current, and planned treatment(s). Or, indicate why no treatment(s) has been planned or tried.

Section 8: Prognosis - Physicians' Guide page 7.

Explain the duration and predictability of the applicant's medical condition(s) and related symptoms.

Section 9: Additional Comments/Information - Physicians' Guide page 8.

Provide relevant information that was not addressed in previous sections.

Section 10: Certification - Physicians' Guide page 8.

This form must be signed by an Alberta-registered physician, or the application will not be processed.

Use the Physicians' Guide at alberta.ca/aish for more information.

To be completed by the Applicant's Physician



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Note: The AISH Application - Medical Report is an important document, but it is not the only factor in assessing AISH eligibility. Alberta Community and Social Services has the responsibility to determine eligibility after reviewing all pertinent circumstances.

Section 1 - Applicant Information

First name	Middle name	Last name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth: Day	Month	Year	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Gender diverse <input type="radio"/> Prefer not to say
Alberta Personal Health Number	Phone		
<input type="text"/>	<input type="text"/>		

Section 2 - Relationship with Applicant

1. Are you the: Physician Specialist

Identify specialty:

2. How long have you been treating the applicant?

3. When did you last treat the applicant? dd-mm-yyyy _____

4. On average, how often do you see the applicant?

once per week 11-20 times per year 6-10 times per year 2-5 times per year once per year

other (specify): _____

To be completed by the Applicant's Physician

Section 3 - Diagnosis(es)

Diagnosis(es) - Use chart below as a reference.

Medical/psychiatric condition(s)

1. Specify diagnosis(es) and the AISH Medical Code(s) and/or DSM V Code(s).

	Date of onset: mm-yyyy	AISH Medical or DSM Code
(i) Primary _____	_____	_____
(ii) Secondary _____	_____	_____
(iii) Tertiary _____	_____	_____
Additional relevant diagnosis(es) _____	_____	_____
Additional relevant diagnosis(es) _____	_____	_____

2. Provide details about the diagnosis(es) (e.g. relevant etiology, classification, stage/grade/type of disease/illness). Further details can be provided in Section 9.

To be completed by the Applicant's Physician

AISH Medical Codes - For Reference Only

Physical

<p>Neurological Disorders</p> <p>01 Multiple sclerosis 02 Cerebral palsy 03 Epilepsy 04 Parkinson's disease 05 Cerebrovascular disease <i>(stroke, cerebral aneurysm)</i> 13 Paraplegia 14 Quadriplegia 15 Other paralysis 16 Muscular dystrophy 20 Brain injury 32 Learning disability <i>(dyslexia, ADHD)</i> 33 Substance-related neurological disorders <i>(fetal alcohol syndrome)</i> 34 Dementia 35 Other neurological disorders</p>	<p>Multi-System Disorders</p> <p>10 Cancer - malignant disease 18 AIDS <i>(includes HIV)</i> 36 Connective tissue disorders <i>(lupus, scleroderma)</i> 37 Other multi-system disorders</p> <p>Cardiovascular Disorders</p> <p>07 Cardiovascular disease <i>(heart disease, heart attack, pulmonary embolism)</i></p> <p>Respiratory Disorders</p> <p>08 Respiratory disease <i>(COPD, asthma, sleep disorder)</i></p>	<p>Muscular-Skeletal Disorders</p> <p>09 Arthritis <i>(osteoarthritis, rheumatoid arthritis)</i> 11 Amputation 38 Fibromyalgia/CFS 39 Degenerative disc disease 40 Low back pain syndrome disorders 41 Spinal stenosis 42 Other muscular-skeletal disorders</p> <p>Gastrointestinal Disorders</p> <p>43 Crohn's disease 44 Irritable bowel syndrome 45 Ulcers 46 Liver disease <i>(cirrhosis, hepatitis)</i> 47 Other gastrointestinal disorders</p>	<p>Renal Disorders</p> <p>17 Kidney disease 48 Chronic renal failure</p> <p>Endocrinology Disorders</p> <p>06 Cystic fibrosis 12 Diabetes 49 Obesity 50 Other endocrinology diseases</p> <p>Sensory Disorders</p> <p>21 Blindness 22 Visual impairment 23 Deafness 24 Hearing impairment 25 Other sensory disorders. Please specify.</p> <p>Other Disorders</p> <p>51 Organ transplant 19 Other physical</p>
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Mental Health

<p>52 Psychosis/Schizophrenia 53 Affective disorder <i>(depression, bipolar, mania)</i></p>	<p>54 Anxiety 55 Personality disorder 56 Substance use disorder <i>(alcohol, drugs)</i></p>	<p>57 Post-traumatic stress disorder (PTSD) 58 Other mental illness</p>
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Cognitive/developmental

<p>27 Down's syndrome 28 Mild developmental disability <i>(Wechsler I.Q. 50-55 to approx. 70)</i></p>	<p>29 Moderate developmental disability <i>(Wechsler I.Q. 35-40 to 50-55)</i> 30 Severe/profound developmental disability <i>(Wechsler I.Q. 35-40 to below)</i></p>	<p>31 Other developmental disability</p>
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To be completed by the Applicant's Physician

Section 4 - Medical History

1. Describe the medical history relevant to the condition(s)/diagnosis(es) identified in Section 3, including chronology of presenting symptoms and progression, if any.

2. For each of the diagnoses identified in Section 3, describe the symptoms causing impairment.

Are documents supporting the above attached? Yes No

3. Has this person been referred for further medical assessment? Yes No

If yes, list consultations and provide consultation reports.

Specialist name	Specialty	Report attached
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

4. Is there other supporting medical evidence for the condition(s)/diagnosis(es) (e.g. diagnostic reports, investigations, and laboratory tests)? Yes No

Are documents attached? Yes No

5. Admission to hospital(s) or other treatment facility(ies) relevant to the medical condition.

Date of admission dd-mm-yyyy	Reason	Date of discharge dd-mm-yyyy	Supporting documents attached
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

To be completed by the Applicant's Physician

Section 5 - Degree of Impairment

1. Does this person have any difficulties/functional limitations with the following:

- lifting/carrying standing walking sitting concentrating sleeping remembering breathing
 communicating regulating emotions personal care (e.g. eating, dressing, grooming, toileting, etc.)

Provide details:

2. How and to what degree (minimal, moderate, major) does this person's medical condition impact their level of functioning?

a) Level of impairment due to **physical** aspects:

- none/not applicable mild or slight impairment medium or moderate impairment major or complete impairment

Describe symptoms causing impairment:

b) Level of impairment due to **mental health** aspects:

- none/not applicable mild or slight impairment medium or moderate impairment major or complete impairment

Describe symptoms causing impairment:

c) Level of impairment due to **cognitive** aspects:

- none/not applicable mild or slight impairment medium or moderate impairment major or complete impairment

Describe symptoms causing impairment:

3. Considering all of the above, what is the cumulative level of impairment?

- none/not applicable mild or slight impairment medium or moderate impairment major or complete impairment

Describe symptoms causing impairment:

To be completed by the Applicant's Physician

Section 8 - Prognosis

1. Duration of the medical condition(s) is likely to be:

- Temporary - The medical condition will improve over time with further treatment. Estimated duration? _____
- Episodic - Episodes recurring as follows: (Please indicate frequency, length of episodes, severity of episodes, and total duration of illness.)
- Indefinite - The medical condition is not expected to change or improve over time with treatment.
- Undetermined - It is unclear whether the medical condition will improve over time with further treatment.

Explain:

2. Are there other medically-related issues impacting the applicant's response to treatment? Yes No If yes, please explain:

3. Is the applicant following the recommended treatment plan? Yes No If no, please explain:

To be completed by the Applicant's Physician

Section 9 - Additional Comments/Information

Please include any additional information relevant to the applicant's condition that AISH should consider in determining eligibility.

Section 10 - Certification

I am licensed by the College of Physicians and Surgeons of Alberta (CPSA) to practice medicine in the Province of Alberta.

- I have completed and/or approved the information submitted in this report.
- This report (and attached documents) contains medical reports, clinical findings and my medical opinion at this time.

Physician's name (please print)

CPSA registration #

Phone

City/town

Province

Postal code

Date dd-mm-yyyy

Physician's signature

Office Address