

**MEDICAL FORM**  
**ONTARIO RENOVATES PROGRAM**  
(for Persons with Disabilities)

**To: Health Professional (physician, physiotherapist):**

The information requested on the person with a disability will be used in connection with the homeowner or landlord applying for funding under the Ontario Renovates Program for Persons with Disabilities to carry out remedial modifications to their dwelling.

Name of patient
How long as the patient been under your care?

Please describe the nature of the condition.

Is the patient's condition disabling? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please explain

Please confirm what modifications to the patient's dwelling will benefit his/her disability.

Physician's Signature	Date
Specialization	

Address and Telephone Number (please use stamp if available)

