

Applicant's Name: _____

Patient's Name: _____ Age: _____

Address: _____

**ATTENDING
PHYSICIAN'S
REPORT**

IMPORTANT NOTE TO PHYSICIAN

Your patient has applied for housing/transfer on medical grounds. The information which you provide will assist us in appropriately assessing the application. It is essential that you are as specific as possible in your evaluation so that we may make a correct decision as to whether our accommodation meets your patient's needs. Your report will remain confidential.

Thank you for your assistance.

RELEASE BY PATIENT

I hereby authorize my Physician to release any required medical information to:

**TOWN OF HEARST NON-PROFIT HOUSING CORPORATION
P.O. BOX 1540
810 GEORGE STREET
HEARST, ONTARIO
POL 1N0
Tel.: (705) 372-1404 ~ Fax: (705) 372-1788**

Patient's Signature: _____

Diagnosis : _____

Are the health problems aggravated by the present accommodation?

If yes, please explain.

In your opinion, how will your patient's medical status be affected by alternate housing/transfer? (Please circle one)

Improve Stabilize Deteriorate

Keeping in mind that public housing facilities may be densely populated, have a relatively small geographic area and often have pressures and problems which these conditions intensify, do you feel that your patient could positively interact, on a day to day basis, with other tenants in such a housing environment?

Please indicate below any behavior patterns, which the patient exhibits which might be considered anti-social, violent, destructive, or self-destructive.

Please provide any additional information, which might be helpful to our housing staff.

PHYSICIAN'S CERTIFICATION

I certify that this information represents my best professional judgment and is true and correct to the best of my knowledge.

Name: _____

Signature: _____

Address: _____

The Physician may give this form directly to the patient or mail/fax it to:

TOWN OF HEARST NON-PROFIT HOUSING CORPORATION
P.O. BOX 1540
810 GEORGE STREET
HEARST, ONTARIO
POL 1NO
Fax: (705) 372-1788