



Charitable # 81126 7806 RR0001

850 Hartman Drive, Unit 104
Midland ON L4R 0B6
Phone: 705-528-6999 Fax: 705-528-6990
Email: transportation@communityreach.ca
www.communityreach.ca

Medical Assessment Form – Health Care Professional to Complete

Please indicate which program the applicant is applying for:

Accessible Transit service is intended for people, who cannot access a regular transit bus, live in Midland and travel within the Midland and Penetanguishene area.

TLC (Transportation Linking Communities) provides rides to residence of North Simcoe who have no access to transportation and need to travel to medical appointments locally and out of the area.

Applicant’s Name:

1. Please identify medical condition(s) that may affect the rider during travel:

2. Expected duration of disability or treatment:

Temporary: How long will they need the service? D/M/Y

Permanent (Conditions with no expectation of improvement)

Location of treatments: Simcoe County GTA Newmarket Area Parry Sound

3. Does the applicant require an ATTENDANT when traveling? Yes No

4. Are there any other conditions or effects of the conditions that you think we should be aware of to help us improve service for the applicant?

5. Will the applicant be using or need any of the following while travelling

Manual wheelchair	Power wheelchair	Walker	Power scooter
Seatbelt extension	Hearing Aid	Oxygen	Cane
Guide Dog	Crutches	White cane	Other:

Health Care Professional Name:

Phone

Email:

Licensed Physician Registered Occupational Therapist Licensed Optometrist

Registered Nurse/Nurse Practitioner Registered Physical Therapist Other

By typing your name in this signature block you are indicating that you are electronically signing this application and certifying the above information is correct.

Signature:

Date (D/M/Y):

THANK YOU FOR YOUR ASSISTANCE – Please return the application to the applicant or with their permission, forward directly using the contact info above and marked ATTN: Community Reach.