

APPLICATION FOR CLASSIFICATION REVIEW

- I am represented by the FFARIQ and I respect the 10-day time limit.
- I am represented by the ADRAQ-CSD-Gaspésie and I respect the 15-day time limit.
- I am represented by the ARIHQ and I respect the 15-day time limit.

Date of acknowledgement of receipt of the classification instrument by the resource	Year	Month	Day
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IDENTIFICATION OF USER

User number	
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IDENTIFICATION OF THE RESOURCE

Name(s) of person(s) responsible			
Full address of facility			
Telephones	Facility	Cell	Work

REASONS FOR APPLICATION

PLEASE CHECK ANY DESCRIPTORS RELEVANT TO THE REVIEW APPLICATION AND GIVE DETAILS OF ANY PROBLEM AREAS

Descriptors	Details
<input type="checkbox"/> Nutrition	
<input type="checkbox"/> Dress	
<input type="checkbox"/> Hygiene (able to wash hair and body adequately)	
<input type="checkbox"/> Hygiene ((take care of himself)	
<input type="checkbox"/> Elimination	

<input type="checkbox"/> Mobility (transfers)	
<input type="checkbox"/> Mobility (getting around)	
<input type="checkbox"/> Mobility (stairs)	
<input type="checkbox"/> Behaviour (emotions)	
<input type="checkbox"/> Behaviour (impulse)	
<input type="checkbox"/> Behaviour (relational capacity)	
<input type="checkbox"/> Behaviour (self-destructive behaviour)	
<input type="checkbox"/> Integration	
<input type="checkbox"/> Independent life	
<input type="checkbox"/> Physical (medications)	
<input type="checkbox"/> Physical (care)	
<input type="checkbox"/> Appointments	

Name (block letters) of the person filling
out the form

Signature

Date of application