The Canada Life Assurance Company
Hamilton Disability Management Services
Suite 1600 - 100 King Street W
Hamilton ON L8P 1A2

Tel 905-317-2660 / 1-800-330-2270
Fax 1-844-825-1462
hamilton.dmso@canadalife.com

1. Please provide copies of all chart notes, consultations or progress notes from specialists and other therapy providers, hospitalization / discharge summaries, imaging, operative reports, evaluative and diagnostic test results for the period January 8, 2024 to present.

   Attached ☐ Not Attached ☐

   If not attached, please outline rationale:

   _____

   _____

   _____

2. Please indicate the primary cancer site, and whether there were any positive lymph nodes or indication of metastases.

   _____

   _____

   _____

   _____

3. Provide the current stage using the TNM system. Please attach the relevant pathology reports.

   _____

   _____

   _____

   _____

4. Describe the type and date of any surgical interventions completed or planned.

   _____

   _____

   _____

   _____

5. If your patient's treatment program includes chemotherapy please outline the frequency of sessions, and the expected duration of the treatment. Include the start and anticipated end dates.

   _____

   _____

   _____

6. Please outline the expected duration for any side effects experienced to resolve after treatment ends.

7. Please outline any additional supports that have been provided (e.g. psychological counseling, diet and nutrition counseling, exercise program).

8. Is the treatment intended to be curative or palliative in nature?

9. Please describe the prognosis for your patient to return to their pre-disability occupation as a customer and information services representatives.

   ❍ Poor ❍ Guarded ❍ Fair ❍ Good

   Please provide the medical rationale to support your indication:

10. Describe any co-morbid conditions impacting your patient's treatment, recovery and/or functional abilities.

11. Will your patient be left with post-treatment physical and/or cognitive impairments? If so, please outline the type, severity and anticipated duration.

12. Canada Life supports return to work efforts such as modified / alternative duties, part-time, or transitional work as part of the recovery process. Please outline what return to work goals have been discussed or recommended to your patient. If none have been discussed or recommended, please explain.

13. Please provide any additional information you feel will assist us in better understanding your patient's condition and treatment needs.

Date: _____ Signature: _____

Print Name: _____

Phone Number: _____

The information you provide will become part of Mbonella Phiri-Nkomo's disability claim file and may be shared with them if they request access to it. The information may also be shared with some third parties for purposes such as claims assessment and management.

** Thank you for taking the time to complete this questionnaire. **