



**Health**

SUPPORTING DOCUMENTS REQUESTED BASED ON DIAGNOSIS PROVIDED BY APPLICANT'S PROVIDER

IF APPLICANT HAS BELOW MENTIONED CONDITIONS PROVIDE THE LATEST REPORTS FOR REVIEW:

**CARDIAC AND P.V.D:**

EKG, STRESSTEST, ECHOCARDIOGRAM REPORTS, CARDIAC CONSULTANT REPORTS /OFFICE VISIT NOTES

DOPPLER ARTERIAL/VENOUS SCANS

**PULMONARY:**

PFT, CT SCAN, P.E.T SCAN; CONFIRM IF USE OF SUPPLEMENTAL OXYGEN FOR MORE THAN 12 HOURS/DAY IS PRESENT; PULMONARY CONSULT REPORTS/OFFICE VISIT NOTES.

**LUMBAR SPINE STENOSIS/RADICULOPATHY:**

MRI REPORTS OF SPINE; EMG/NCS REPORTS, C.T SCAN; ORTHOPEDIC CONSULTANT REPORTS/OFFICE VISIT NOTES, SURGICAL SUMMARY WHERE APPROPRIATE.

**OSTEOARTHRITIS OF JOINTS:**

XRAY REPORTS OF AFFECTED WEIGHT-BEARING JOINTS i.e. HIPS/ KNEES/ANKLES, SURGICAL SUMMARY OF TKR OR THR WHERE APPROPRIATE. ORTHOPEDIC CONSULTANT REPORTS /OFFICE VISIT NOTES.

**CANCER DIAGNOSIS:**

DATE OF DIAGNOSIS, SURGERY NOTES, CURRENT MANAGEMENT IF ON CHEMO/RADIATION AT TIME OF APPLICATION SUBMISSION.

**RENAL INSUFFICIENCY / RENAL DIALYSIS:**

PERTINENT LABS IF CRF PRESENT, NOTE FROM HEMODIALYSIS CENTRE DOCUMENTING DATES OF CURRENT TREATMENT.

**NEUROLOGICAL CONDITIONS AFFECTING BOTH LOWER EXTREMITIES:**

MRI OF BRAIN, NEUROLOGY CONSULT/OFFICE VISIT NOTES, BIOPSY REPORTS, EMG /NCS.

**CONGENITAL DISEASES: C.P, DOWN'S, SPINA BIFIDA ETC:**

MRI REPORTS, NEUROLOGY CONSULT/OFFICE VISIT NOTES.

**MENTAL CONDITIONS:**

APPROPRIATE PSYCHOLOGICAL CONSULT OPINION, SCHOOL/BOARD OF EDUCATION I.E.P REPORTS OR PSYCHOEDUCATIONAL EVALUATION REPORTS, NEUROLOGICAL CONSULT /OFFICE VISIT NOTES.

**POST-POLIO; MONOPLÉGIA; PARAPLEGIA; SEVERE ATROPHY OF ONE OR BOTH LOWER EXTREMITIES; CVA:**

SUPPORTING DOCUMENTS AS APPROPRIATE i.e. NEUROLOGY CONSULT REPORTS, EMG/NCS, MRI BRAIN.