

After-Effects Report



Fees for the completion of this report are either paid directly to the physician or reimbursed to the accident victim up to the maximum amount authorized by the SAAQ.

IMPORTANT The purpose of this report is to enable the SAAQ to determine whether the accident victim's impairments are simple, in which case the degree of diminished quality of life will be determined, or complex, in which case a medico-legal assessment will be required.

Section 1 – Information on the accident victim

Last name at birth and first name

Address Postal code

Health insurance number

Date of birth

Year Month Day

Date of the accident

Year Month Day

Section 2 – To be completed by the accident victim's physician or specialized nurse practitioner (SNP)

Date of examination

Year Month Day

Please print clearly.

2.1 – Stabilized accident-related injuries

Describe injuries with no impairment:

For all mental injuries, use the DSM multiaxial diagnostic system.

Axis 1:

Axis 2:

Axis 3:

Axis 4:

Axis 5: GAF (current): Usual GAF (before the accident):

2.2 – For stabilized injuries with impairment

Describe any persistent physical and/or psychological symptoms: None or

Describe the clinical signs noted during the physical and/or psychological examination:

For a description of impairment related to the esthetic and the sensitivity of the skin, we suggest you use Tables A and B in the "Specific Descriptions" section.

Examination was normal or

Describe long-term treatments, if required: None or

Indicate any permanent requirements (walking aids, orthotics, etc.): None or

Describe any permanent physical and/or mental functional limitations and/or restrictions: None or

Claim No.

Communication No.

SPECIFIC DESCRIPTIONS



A – Esthetic impairment	Indicate the esthetic impairment parameters on the basis of the assessment rules below.	Length (cm)	Width (cm)	Aspect ^A (choose one)	Changes to form and contours ^B		
					No	Yes	If yes, specify ^C
				1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Assessment rules for esthetic impairment: Permanent esthetic impairment is apparent when it is clearly visible at 50 cm, regardless of whether it is normally hidden by clothing or hair.

A. Aspect

Scars:

1. Flat scars: Linear or almost linear, well oriented in the same direction as natural skin creases, at the same level as the adjoining tissue and almost the same colour. They do not cause contractures or distortion of neighbouring structures.
2. Faulty scars: Linear or plaques, misaligned or crossing over a natural skin crease. They may be irregular, depressed, deeply adhering, retractile, keloidal, hypertrophic, or pigmented.

Change in skin colour: Hypopigmentation or hyperpigmentation due to damage to the superficial dermis. The deep dermis is not damaged. Suppleness, elasticity, hydration, and pilosity are retained.

3. Area of colour slightly different from neighbouring skin (apparent at 50 cm but not very apparent at 3 m).
4. Area of colour very different from neighbouring skin (apparent at 3 m).

B. Changes to form and contours:

Disfigurement, loss of tissue, atrophy or amputation.

C. Specify as follows: from very slight, slight, moderate, significant to unsightly compared to the rest of the limb or area (face, skull, neck and trunk).

B – Impairment of skin sensitivity	Indicate the skin sensitivity impairment parameters (hypoesthesia, hyperesthesia...).	Area in cm ² or as a % of the limb or area (neck, head, trunk)
Specific location		<input type="checkbox"/> cm ² <input type="checkbox"/> %
		<input type="checkbox"/> cm ² <input type="checkbox"/> %

Section 3 – Additional comments

Would you like an SAAQ representative to contact you? Yes As needed No

Information on the physician or SNP

Last name and first name (print)	Licence number	<input type="checkbox"/> General practitioner <input type="checkbox"/> SNP <input type="checkbox"/> Specialist, specify:	
Address (street number, street name, apartment)	Municipality	Postal code	
Telephone	Extension	Fax	Email
Signature (do not use stamp)			
			Date Year Month Day

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you. For more information, consult the Policy on Privacy on the SAAQ's website at saaq.gouv.qc.ca/confidentialite or contact the SAAQ's call centre.

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT:

Through the Reimbursement of Expenses and Document Submission online service:

saaq.gouv.qc.ca/documentsubmission

By fax: 1-866-289-7952

By mail: Société de l'assurance automobile du Québec
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2

Keep the original or a copy for your files.





Avec vous,
au cœur de votre sécurité

Section 1 – Information on the accident victim

Last name at birth and first name

	Claim number	Communication No.
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Section 2 – Information on the medical report

Type of report:

Assessment Report (IV)

Progress Report (IO)

After-Effects Report (IQ)

Please fill out the appropriate section

► Fees reimbursed to the accident victim by the SAAQ

Receipt		
Section 3 – Receipt for the accident victim or his or her representative		
Amount paid \$	Signature of physician (or person in charge)	Date Year Month Day

OR

► Fees paid to the physician by the SAAQ

Invoice		
Section 4 – Information on the physician		
Last name and first name (print)		Licence number
Address (street number, street name, apartment)		Municipality
Telephone	Extension	Date Year Month Day
Amount claimed: \$		

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