Client initials or file number: _____ Clinician / registration number: _____

Disability tax credit (T2201) clinic preparation worksheet

One worksheet per request: category, dates, typical and observed ability, supports, evidence and how Part B was sent. therapycrm.io

Request

Date requested

Requested by (relationship)

Fee quoted / receipt number

Method: digital with reference number / digital print / paper

Reference number received on

Category this clinician can certify

Category (for example speaking, walking, feeding, dressing, mental functions)

Date the restriction was first documented in the record

What someone of similar age without the impairment typically does

What this person does, with therapy, devices and medication in place

How often the restriction is present, and in which settings

Expected duration and next review date

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Client initials or file number: _____ Clinician / registration number: _____

Evidence in the clinical record

Document	Date	What it shows	Author
1			
2			
3			
4			
5			
6			

Other categories and practitioners

Categories this clinician cannot certify, and who the family was referred to

Submission record

Part B completed on

Sent by (digital / given to family / mailed)

Copy filed in record (yes / no)

CRA contact received on

Answered by / date

Describe what was observed and measured. The Canada Revenue Agency decides eligibility. This worksheet is a preparation aid kept by the clinic; it is not Form T2201 and is not sent to the CRA. It is not tax, legal or clinical advice.

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