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APPLICANT'S QUESTIONNAIRE FOR ALCOHOL-RELATED OFFENCES
Please read carefully and seek legal advice as required before you sign the consent.

You have a history of a charge or conviction for an alcohol-related offense. In order to render an opinion regarding your use of alcohol, you must provide detailed information from yourself and your treating physical/healthcare practitioner(s) or a specialist in addiction medicine.

Our fee for processing this form and providing information to representatives of the Government of the United States of America is \$500.00 CAD. In the event that Dr. Ian Zatzman is unable to process this form due to additional information required, Dr. Ian Zatzman will charge you a fee of \$500.00 CAD per hour for communications with you, your healthcare provider(s) and/or legal adviser, as well as for reviewing and disclosing any additional information to representatives of the Government of the United States of America. You will be notified if additional information is required. Please return completed form with payment of \$500.00 CAD in cash, certified cheque or money order to: Dr. Ian Zatzman, 955 Major Mackenzie Drive West Suite 208 Vaughan, Ontario L6A 4P9
Please do not call our office; you will be notified when your file is processed.

Name (printed): _____ Date of Birth: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Ten-Digit Telephone Number: _____

Passport: _____

On the line above specify country of origin of passport, number, place of issue and expiration date.

CONSENT: I understand that there is no physician-patient relationship between Dr. Ian Zatzman and myself. I authorize my treating healthcare provider(s) including hospitals to release and disclose information about me including medical, psychiatric/psychological information to Dr. Ian Zatzman. I understand that the information submitted to Dr. Ian Zatzman will be used to provide representatives of the Government of the United States of America documentation regarding my medical/mental health status and that I will not be provided with a copy of the this document. I understand that completion of this process with Dr. Ian Zatzman does not guarantee my admission into the United States of America. I understand that the final determination regarding my admissibility into the United States of America will be made by representatives of the Government of the United States of America and not by Dr. Ian Zatzman. I authorize the re-disclosure and release of information including medical, psychiatrist/psychological information, in whole or in part, by the recipient to representatives of the Government of the United States of America with the understanding that I will not be provided with a copy of any information that has been released, nor will I be provided a copy of my file and that neither Dr. Ian Zatzman or my healthcare provider(s) have any control over how information released to representatives of the Government of the United States of America may be utilized. I further understand that should I wish to obtain a copy of any information that has been released to representatives of the United States of America, that it must be requested from the Government of the United States of America and not from Dr. Ian Zatzman. In signing this consent, I specifically authorize and consent to the exchange and sharing of information between representatives of the Government of the United States of America and Dr. Ian Zatzman. I understand that I am free to revoke this consent in writing, except to the extent that Dr. Ian Zatzman has already taken action in relation thereon.

I hereby declare that the answers I provide to the above questions are true and correct to the best of my knowledge. I authorize the release of the above information to the representatives of the United States of America and I further consent to the disclosure and exchange of information between the authorized parties as outlined above. I agree that

the relationship and the resolution of any and all disputes arising there from between myself and Dr. Ian Zatzman shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein. I hereby agree that if I commence any legal or other proceedings with respect to any aspect of the provision, use or disclosure of the information requested by this form or the reporting by Dr. Ian Zatzman to the Government of the United States of America and its representatives by Dr. Ian Zatzman I will only do so in the Province of Ontario, and I hereby irrevocably submit to the exclusive jurisdiction of the Courts of the Province of Ontario, situated in the City of Vaughan, Ontario.

Signature: _____

Date: _____

Please answer the questions below on a separate page in typed narrative form. Your answers must be detailed and complete. You must include reasonable supporting documentation.

- 1) Please describe the circumstances of your arrest and/or conviction for all alcohol-related offences including operating a motor vehicle, boat or other device while under the influence of alcohol. You must include ALL offences regardless of where or when they occurred. Provide available court documents and/or transcripts.
- 2) Please describe any incidents associated with harmful or violent behaviour to yourself, others or property that were or may have been associated with any psychiatric or medical condition and/or the use of alcohol or other drugs, whether prescribed or non-prescribed. Harmful or violent behaviour includes but is not limited to suicide attempts, harm to yourself or other people, harm to animals or to property, whether associated with drugs or alcohol or not. Provide available court documents and/or transcripts if applicable.
- 3) If you have been admitted to hospital, rehab or other facility for psychiatric or mental disorder including but not limited to alcohol-related disorders, substance or drug use/abuse, depression, bipolar illness, schizophrenia, eating disorder, please arrange to have admission, discharge and follow-up notes forwarded to my office, either directly from the facility or via your treating healthcare provider.
- 4) Please provide a list of all medications, prescription and non-prescription, that you are currently taking.
- 5) If you are employed, please provide a statement from your employer indicating what your job is and how long you have been employed. If you have been employed at your current job for less than two years, please provide details of all employment for the last ten years, indicating employer, job title and dates employed.
- 6) If you are not employed, but are receiving a disability pension or benefits of any type, please provide documentation outlining when you began receiving the benefit and if the benefit is related to a medical or psychiatric problem, details of the problems you have which qualified you for the benefit.
- 7) Please provide at least one typed reference from a professional (not related to you) like a doctor, lawyer, bank manager, school principal, et cetera which describes your relationship to that person, how long they have known you, their opinion with regard to you having a problem with alcohol or drug abuse, their knowledge of you having any history of harmful or violent behaviour as described above.

AUDIT (ALCOHOL USE DISORDERS IDENTIFICATION TEST)

This questionnaire was developed by the World Health Organization to identify persons whose alcohol consumption has been hazardous or harmful to their health.

FOR EACH QUESTION SELECT YOUR ANSWER AND FILL IN THE SCORE GIVEN IN BRACKETS [] IN THE BOX. (One unit of alcohol is ½ pint average strength beer/lager OR one glass of wine OR one single measure of spirits. Note: A can of high strength beer or lager may contain 3-4 units.)

1. How often do you have a drink containing alcohol?

[0] Never [1] Monthly or less [2] 2-4 times a month [3] 2-3 times a week [4] 4 or more times a week []

2. How many units of alcohol do you drink on a typical day when you are drinking?

[0] 1 or 2 [1] 3 or 4 [2] 5 or 6 [3] 7, 8 or 9 [4] 10 or more []

3. How often do you have six or more units of alcohol on one occasion?

[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily []

4. How often during the last year have you found that you were not able to stop drinking once you had started?

[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily []

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily []

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily []

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily []

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

[0] Never [1] Less than monthly [2] Monthly [3] Weekly [4] Daily or almost daily []

9. Have you or someone else been injured as a result of your drinking?

[0] No [2] Yes, but not in the last year [4] Yes, during the last year []

10. Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?

[0] No [2] Yes, but not in the last year [4] Yes, during the last year []

I have treated this patient for _____ years/months. I am a legally qualified physician or clinical psychologist licensed in the Province of _____. I understand that the information I am supplying may in whole or in part be provided to representatives of the Government of the United States of America. I hereby declare that the above information is true and correct to the best of my knowledge and based on the information available to me.

YOUR NAME IN FULL (printed): _____

YOUR ADDRESS: _____

YOUR TEN-DIGIT PHONE NO.: _____ YOUR FAX NO.: _____

YOUR E-MAIL ADDRESS: _____

YOUR SIGNATURE: _____ M.D/Ph.D. DATE: _____

**PHYSICIAN/HEALTHCARE PRACTITIONER'S QUESTIONNAIRE FOR ALCOHOL-RELATED
OFFENCES**

You must answer these questions in narrative or point form. Your answers must be specific and detailed.

Please complete the AUDIT questionnaire with your patient. Please sign and have your patient return this form with your narrative response to each question.

- 1) Were you aware that your patient has had a conviction and/or arrest for an alcohol-related offence including but not limited to driving while impaired? If yes, please detail in a narrative report when you became aware and what if any history you obtained or findings discovered on physical examination or from investigations including blood work. Did you come to the conclusion that your patient was suffering from an alcohol-related disorder? If so, what treatment did you recommend? What evidence do you have that your patient complied with treatment? If you did not conclude that your patient had an alcohol-related disorder, please explain how you came to this conclusion.
- 2) If you were not aware that your patient has had a conviction and/or arrest for an alcohol-related offence including but not limited to driving while impaired, now that you are aware, please detail in your narrative an opinion as to whether your patient suffers from an alcohol-related disorder. Please include relevant clinical notes and records to support your opinion including the results of any symptoms that could be related to an alcohol-related disorder and copies of biochemistry and hematology reports, whether abnormal or not. In particular, I am interested in CBC, liver function, biological markers for alcohol, drug/substance screens and other objective results which may suggest a disorder that could be related to alcohol abuse.
- 3) Does your patient have a history of any physical or mental/psychiatric disorder that has been, is currently or which may in the future be associated with harmful or violent behavior to your patient, to others or to property? If yes, please provide details.
- 4) If your patient has received treatment in the emergency department, as part of an out-patient or in-patient admission to hospital or a rehab facility, please provide details as well as copies of admission, discharge and follow-up summaries.
- 5) Please list all the medications that your patient is currently taking.