

*Template letter for patients to provide to their medical practitioner to help assist them in getting disability tax credit benefits related to their Crohn's or colitis. Include this letter with your [T2201 tax form](#).*

Canada Revenue Agency

RE: Patient (file # / SIN #)

To Whom It May Concern:

PATIENT is currently under my care for his/her ulcerative colitis/Crohn's disease. His/her prolonged illness causes impairments in activities of daily living.

PATIENT currently has severely active Crohn's disease/ulcerative colitis, which has been ongoing over X years. An extensive evaluation of the PATIENT has been performed and he/she has active Crohn's disease/ulcerative colitis involving the small/large intestine, leaving him/her with significant impairments in eliminating his/her bowel (intractable diarrhea) for substantial amounts of time (*specify percentage - must be at least 90% of the time to be eligible*). This impairment has lasted (*and/or is expected to last*) for at least MONTHS/YEARS (*specify time - must be at least 12 months to be eligible*). His/Her most recent procedure (*specify treatment/tests*) were performed on DATE. We have attempted conventional treatments for his/her ulcerative colitis/Crohn's disease and the patient has not benefited from them. We are seeking new treatment options for him/her.

PATIENT symptoms include: (*specify*)

- E.g., Abdominal cramping and pain
- E.g., Severe diarrhea
- E.g., Fatigue
- Any other extraintestinal manifestations or complications (arthritis, mouth sore, fevers, etc.)

I recommend that he/she be provided the disability benefit until his/her condition is stabilized. Please do not hesitate to contact me if additional information is required.

Sincerely,

Name and Contact info