



401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Website:** www.wcb.yk.ca

WORKER'S INFORMATION		DOCTOR'S INFORMATION		
Worker's Surname		Doctor's Name		
First Name		Doctor's Address		
<input type="checkbox"/> Male	Telephone #	Doctor's Telephone #		
<input type="checkbox"/> Female				
Date of Birth (d/m/y)		or Health Care Provider's Stamp		
Worker's Address				Billing Code
Health Care No. <input type="checkbox"/> Yukon <i>If other, specify jurisdiction</i> <input type="checkbox"/> Other				Amount \$
Date of Injury (d/m/y)			Total \$	
Employer		Date of Visit (d/m/y)	Time of Visit	
Worker's Occupation		Worker's Family Doctor		

SUBJECTIVE
Worker's description of mechanism of injury
Describe complaints

OBJECTIVE
Describe objective findings, including any diagnostic results
Diagnosis
Treatment plan and medication
Any follow-up plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of follow-up visit (y/m/d):
Please attach a Functional Abilities form (and give a copy to the worker).
Any factors that might complicate recovery? (e.g., a pre-existing condition) <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain, attaching details if needed.</i>