

## PHYSIOTHERAPY INITIAL ASSESSMENT REPORT

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Web:** www.wcb.yk.ca  
**Please contact WSCB before providing care if you have not signed a service agreement: Work is Healthy**

WORKER'S INFORMATION		PROVIDER'S INFORMATION	
Surname		Name	
First Name			
Address		Address	
Telephone #	Date of Birth (d/m/y)		
Has worker filed a claim? Yes      No	Claim # or Part of body	Telephone #      Fax#	
Date of Injury (d/m/y)			
Family Doctor		Date of Visit (d/m/y)	
Employer			
ASSESSMENT			
Worker's description of injury			

Has the worker had a similar problem in the past?    Yes    No    If **Yes**, explain

Objective data (range of motion, functional testing, observations, etc.)

Therapist's clinical impression

**RETURN TO WORK**

Worker's current occupation \_\_\_\_\_

Does the worker report modified duties available at the work place to remain at work?    Yes    No

Have you educated the worker about recovery while at work?    Yes    No    If **No**, explain. \_\_\_\_\_

**BARRIERS TO RETURN TO WORK**

Are there barriers to return to work?    Yes    No

*If there are barriers to return to work, complete and attach Appendix 1.*

**TREATMENT PLAN**

Recommended treatment \_\_\_\_\_

Recommended duration and frequency of treatment \_\_\_\_\_

Recommended/prescribed equipment or supplies \_\_\_\_\_

Signature \_\_\_\_\_ Date (d/m/y) \_\_\_\_\_

**WSCB Physiotherapy Treatment Authorization**

Provider \_\_\_\_\_

Fax # \_\_\_\_\_

Proposed treatment end date (d/m/y) \_\_\_\_\_

Claim owner \_\_\_\_\_

Claim owner phone # \_\_\_\_\_

Treatment plan approved

Treatment not approved

Claim denied

Call to discuss

WSCB signature \_\_\_\_\_ Date (d/m/y) \_\_\_\_\_

This information is being collected under the authority of the *Workers' Safety and Compensation Act* for the purpose of determining eligibility for benefits. For further information, contact (867) 667-5645 or 1-800-661-0443.