

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 Last Name		Doctor's Name	
First Name		Doctor's Address	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone #	Doctor's Telephone #	
Date of Birth (dd/mm/yy)			
Worker's Address		or Health Care Provider's Stamp	
Health Care #	<input type="checkbox"/> Yukon if other, specify jurisdiction <input type="checkbox"/> Other		
Date of Injury (dd/mm/yy)		Date of Visit (dd/mm/yy)	Time of Visit
Employer		Worker's Family Doctor	
Worker's Occupation		Claim # or Body Part	

SUBJECTIVE/OBJECTIVE

Any change in diagnosis? Yes (please explain) No

Describe subjective complaints, objective findings, including any diagnostic results

Treatment plan and medication

INVESTIGATION

Refer to Specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, should WSCB arrange this? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Specialist
Date of follow-up visit (dd/mm/yy)	<i>Please attach a Functional Abilities form if abilities have changed significantly (and give a copy to the worker)</i>	Refer to WSCB's Medical Consultant for assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Factors complicating recovery <input type="checkbox"/> Yes (please explain) <input type="checkbox"/> No		Would you like WSCB to contact you regarding this worker? <input type="checkbox"/> Yes <input type="checkbox"/> No

This information is being collected for the purposes of administering and enforcing the Workers' Safety and Compensation Act and is collected under the authority of that Act and the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Privacy Officer at WSCB at the above listed address or at (867)667-5645 or 1-800-661-0443.