



PHYSIOTHERAPY DISCHARGE 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

WORKER'S INFORMATION

Surname	
First Name	
Address	
Telephone #	Date of Birth (d/m/y)
Claim #	

PROVIDER'S INFORMATION

Name	
Address	
Telephone #	Fax #
Date of Visit (d/m/y)	

RETURN TO WORK

Worker's critical job demands 1. 2. 3.	Estimated % of current function at this task
Recommended modifications/accommodation that would allow the worker to remain at work	
Is there an exercise or maintenance program recommended upon discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details	
Has the worker's functioning changed significantly since the last report? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please attach a FAF	
Are there barriers for returning to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , please complete and attach Appendix 1	

DISCHARGE RECOMMENDATIONS

Can modified duties be performed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Check estimated work capacity <input type="checkbox"/> Sedentary (max 10 lbs) <input type="checkbox"/> Light (max 20 lbs) <input type="checkbox"/> Medium (max 50 lbs) <input type="checkbox"/> Heavy (max 100 lbs) <input type="checkbox"/> Very Heavy (over 100 lbs)

DISCHARGE RECOMMENDATIONS (continued)

Describe any work restrictions

Expected duration of restrictions

Provider Signature _____	Date (d/m/y)
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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.