

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  
**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 number	Date of birth (d/m/y)	Telephone number	Fax number
Has worker filed a claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claim number or part of body	Worker's family doctor	Date of visit (d/m/y)
Date of injury (d/m/y)		Worker's employer	

### ASSESSMENT

Worker's description of complaints

\_\_\_\_\_

\_\_\_\_\_

Objective findings

\_\_\_\_\_

\_\_\_\_\_

Therapist's clinical impression

\_\_\_\_\_

\_\_\_\_\_

### TREATMENT PLAN

Recommended duration and frequency of treatment or rationale for extension request

\_\_\_\_\_

\_\_\_\_\_

Treatment goals

\_\_\_\_\_

\_\_\_\_\_

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

### WSCB Message Treatment Authorization

Provider \_\_\_\_\_ Fax number \_\_\_\_\_

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) \_\_\_\_\_