Workers' Safety and Compensation Board Yukon

NURSE PRACTITIONER'S PROGRESS REPORT

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

Worker's Last Name

First Name

☐ Male ☐ Female

Telephone #

Date of Birth (dd/mm/yy)

Worker's Address

Health Care # ☐ Yukon ☐ Other if other,specify jurisdiction

Date of Injury (dd/mm/yy)

Employer

Worker's Occupation

NURSE PRACTITIONER'S INFORMATION

Nurse Practitioner's Name

Nurse Practitioner's Address

Nurse Practitioner's Telephone #

or Health Care Provider's Stamp

Date of Visit (dd/mm/yy)

Time of Visit

Worker's Family Doctor

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? ☐ Yes ☐ No

If Yes, should WSCB arrange this? ☐ Yes ☐ No

Type of Specialist

Date of follow-up visit (dd/mm/yy)

Please attach a Functional Abilities form if abilities have changed significantly (and give a copy to the worker)

Refer to WSCB's Medical Consultant for assessment? ☐ Yes ☐ No

Would you like WSCB to contact you regarding this worker? ☐ Yes ☐ No

Factors complicating recovery ☐ Yes (please explain) ☐ No

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