Workers' Safety and Compensation Board Yukon

NURSE PRACTITIONER'S FIRST 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	
Worker's First Name	
○ Male ○ Female	Telephone Number
Date of Birth (dd/mm/yy)	
Worker's Address	
Health Care Number ○ Yukon ○ Other (please specify)	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 Number	
or Health Care Provider's Stamp	
Date of Visit (dd/mm/yy)	Time of Visit
Worker's Family Doctor	Claim # or Body Part

SUBJECTIVE

Worker's description of mechanism of injury
Describe subjective complaints

OBJECTIVE

Describe objective findings, including any diagnostic results		
Diagnosis		
Treatment plan and medication		
Any follow-up plan? ○ Yes ○ No	Date of follow-up visit (dd/mm/yy)	Please attach a Functional Abilities form (and give a copy to the worker).
Any factors that might complicate recovery? (e.g. a pre-existing condition) ○ Yes ○ No		If yes, please explain, attaching details if needed

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