Yukon Workers' Compensation Health and Safety Board

DOCTOR'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

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

DOCTOR'S INFORMATION

Doctor's Name

Doctor's Address

Doctor'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

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

This information is being collected for the purposes of administering and enforcing the Workers' 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 YWCHSB at the above listed address or at (867)667-5645 or 1-800-661-0443.