

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		DOCTOR'S INFORMATION	
Worker's Last Name		Doctor's Name	
First Name		Doctor's Address	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone #	Doctor's Telephone #	
Date of Birth (dd/mm/yy)		or Health Care Provider's Stamp	
Worker's Address		Date of Visit (dd/mm/yy)	
Health Care # <input type="checkbox"/> Yukon if other, specify jurisdiction <input type="checkbox"/> Other		Time of Visit	
Date of Injury (dd/mm/yy)		Worker's Family Doctor	
Employer		Claim # or Body Part	
Worker's Occupation			
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain, attaching details if needed

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