

APPENDIX 1: BARRIERS TO RETURN TO WORK

Please attach this completed Appendix to the Initial Assessment Report, Progress Report, or Discharge Report if applicable.

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, Telephone: (867) 667-5645, Toll free: 1-800-661-0443, Fax: (867) 667-8740, Web: www.wcb.yk.ca

WORKER INFORMATION		
Full Name	Worker has filed a claim with WSCB	
	Yes No	
Date of injury (d/m/y)	Claim #	
Part of body (if no Claim #)		

BARRIERS FOR RETURN TO V	VORK			
Injury related: Issues related to the nature & severity of the injury.	Pain related: Maladaptive attitudes, beliefs & behaviours in relation to pain	Work related: Issues related to the ergonomic or psychosocial aspects of work	WSCB related: Issues related to WSCB & case management	
Severity Concurrent condition Multiple prior injuries Advice of extended rest off work Deconditioned Other Please describe other	Fear avoidance High pain sensitivity Catastrophizing High intake of medications Other	Not job attached Lack of suitable modified work Poor work relationships Heavy job demands Fear that work is harmful Other	Conflict towards WSCB Poor attendance Poor compliance Other	
Signature		Date (d/m/y)		

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.