

Date of Initial Visit: dd | mm | yyyy

Health Card #:

WORKER INFORMATION					
Worker's Last Name:	First Name:	Initial:	Family Physician Name:	Date of Birth: dd   mm   yyyy	
Address:			City/Town:	Province:	Postal Code:
Home/Cell Phone:	Work Phone:	Date of Injury: dd   mm   yyyy	Is the worker working? <input type="checkbox"/> Pre-injury <input type="checkbox"/> Transitional <input type="checkbox"/> No		

HEALTH CARE PROVIDER INFORMATION		
Provider Name:	ID#:	
Practitioner Name:	Phone:	Fax:

EMPLOYER INFORMATION (if possible, to be completed by employer prior to referral; if not, to be completed by health care provider)		
Employer Name:	Employer Contact Name:	Employer Contact Phone #: ext.
Has WCB Accident Report been Filed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Firm #:	Div #:
Worker's Job Title/Occupation:	Job task information available? (attach if available) Yes <input type="checkbox"/> No <input type="checkbox"/>	Transitional duties available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer's Address:	Employer's Signature:	

INJURY INFORMATION		
Mechanism of Injury:		
MDA Diagnosis (specify body part):		
Is injury preventing worker from performing pre-injury work? Yes <input type="checkbox"/> No <input type="checkbox"/>	Estimated date of return to pre-injury work: dd   mm   yyyy	
Is injury preventing worker from performing transitional duties? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has the worker had a similar problem previously? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, specify:		

INITIAL JOB MATCH SUMMARY (based on info from worker; refer to Work Capabilities – Definitions)						
Pre-injury job requirements:	Sedentary <input type="checkbox"/>	Light <input type="checkbox"/>	Medium <input type="checkbox"/>	Heavy <input type="checkbox"/>	Very Heavy <input type="checkbox"/>	
Present work capability:	Sedentary <input type="checkbox"/>	Light <input type="checkbox"/>	Medium <input type="checkbox"/>	Heavy <input type="checkbox"/>	Very Heavy <input type="checkbox"/>	N/A <input type="checkbox"/>
Transitional duties:	Sedentary <input type="checkbox"/>	Light <input type="checkbox"/>	Medium <input type="checkbox"/>	Heavy <input type="checkbox"/>	Very Heavy <input type="checkbox"/>	
Functional Abilities:	Employer contacted? Yes <input type="checkbox"/> No <input type="checkbox"/>					

WCB REMINDER	• E-mail Clinic for Approval	• Update Screen 119
--------------	------------------------------	---------------------