

WCB Claim #:
Health Card #:

WORKER INFORMATION			
Worker's Last Name:	First Name:	Initial:	Date of Birth: dd mm yyyy
Date of Injury: dd mm yyyy	Is the worker working? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe: transitional duties <input type="checkbox"/> pre-injury work <input type="checkbox"/>		
Case Conference scheduled? Yes <input type="checkbox"/> Date: dd mm yyyy No <input type="checkbox"/> Reason:			

SUMMARY		
Current/Reassessment Date: dd mm yyyy	# of Treatments:	Current Orebro Score:
Overall Functional Progress: Improving <input type="checkbox"/> No change <input type="checkbox"/> Declining <input type="checkbox"/>		Previous if applicable:
Comments:		0 to 98 (low), 98 to 148 (med), 148+ (high)

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

INJURY ASSESSMENT INFORMATION		
MDA Diagnosis (specify body part):		
Diagnosis Change: Yes <input type="checkbox"/> No <input type="checkbox"/>	Sprain/Strain: Yes <input type="checkbox"/> No <input type="checkbox"/>	DDG Date: dd mm yyyy
Form E – Physical Abilities Report attached? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why?		
Are there flags that influence duration? Yes <input type="checkbox"/> No <input type="checkbox"/>	Expected RTW: <input type="checkbox"/> Transitional Start Date: Duties: dd mm yyyy	<input type="checkbox"/> Pre-injury Start Date: dd mm yyyy

JOB MATCH SUMMARY (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"/>	

COLLABORATIVE TREATMENT PLAN		
Goals/Methodology:	Progress related to goals:	Recommended Time Frame
		From: dd mm yyyy To: dd mm yyyy
		From: dd mm yyyy To: dd mm yyyy
		From: dd mm yyyy To: dd mm yyyy
Additional Requests:		

WCB REMINDER	<ul style="list-style-type: none"> E-mail Clinic for Approval Update Screen 119
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