WORK SAFE. FOR LIFE.
WCB OF NOVA SCOTIA

Halifax Office
1-800-870-3331 toll free
902-491-8999 local
902-491-8001 fax

Sydney Office
1-800-880-0003 toll free
902-563-2444 local
902-563-0512 fax

TIER 3 Program Approval

WCB Claim Number: ____________________

Health Card Number: ____________________

Date of Assessment: ______________________________

Worker Information

Worker's Last Name	First Name	Initial	Date of Birth (dd/mm/yyyy)

Date of Injury (dd/mm/yyyy):	Physio Diagnosis (specific body part):	Orebro Score:

Employer Information (to be completed by health care provider)

Employer Name	Employer Contact Name	Employer contacted? Yes ☐ No Response ☐

Worker's Job Title/Occupation	Job task information available? Yes ☐ No ☐	If job task information reported by worker, was info confirmed by employer? Yes ☐ No ☐	Transitional duties available? Yes ☐ No ☐

Is the Worker working? Yes ☐ No ☐ If yes, describe: transitional duties ☐ preinjury work ☐

Executive Summary

Assessment Component	Critical Findings
Mechanism of Injury	
Relevant Past Medical History	
Musculoskeletal	
Functional	
Psychological	
Medical	

Program Recommendation (based on critical findings and results of assessment)

* Note: A detailed Tier 3 Assessment Report, including relevant program goals and a RTW plan, will be provided within 5 business days.

☐ Appropriate to participate in Tier 3 Rehabilitation Program commencing on:

☐ Not appropriate to participate in Tier 3 Rehabilitation Program at this time due to the following reason(s):	
☐ Please consider the following options / recommendations:	

Tier 3 Rehabilitation Program Clinic Core Team Members

Team Member Name	Designation

Name of Clinic:	Clinic ID#:
Lead Clinical Practitioner:	Signature:

WCB Response (to be completed by WCB Case Worker)

☐ Tier 3 Program Approved	Screen 119 Updated? ☐ Yes Initials:
☐ Tier 3 Program Not Approved – Reason:	

WCB Case Worker (print):	Phone:	Date (dd/mm/yyyy):