

Saskatchewan<br/>Workers'<br/>Compensation<br/>Board200-1881 Scarth Street<br/>Regina, SK S4P 4L1<br/>www.wcbsask.com

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PPP

Phone No:	Clinic No.:	Doctor No.:	Personal Health No.:
Physician's Name, Address, Postal Code         Clinic Name:	Phone No.:	Fax No.:	Date of Birth: Phone No.:
Clinic Name:       Examination date:         1. Part of body injured:       2. Diagnosis:         3. Subjective Complaints:			
1. Part of body injured:       2. Diagnosis:         3. Subjective Complaints:	Physicia	an's Name, Address, Postal Code	Worker's Name, Address, Postal Code
1. Part of body injured:       2. Diagnosis:         3. Subjective Complaints:			
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3. Subjective Complaints:         4. Objective findings:         5. Results of diagnostics since previous report (forward)         6. Assessment of recovery (0-10) current:       0 = none, 10 = preinjury         Explain any delay in recovery:         7. Have you advised the patient to be off work due to the injury?       yes (if yes, complete #8 - 18)         8. Investigations ordered:       x-ray         CT       MRI         blood work       other:         9. Treatment plan:       medication*         physical therapist*       chiropractor*         meducation       exercise         transitional RTW       *Please name (med., caregiver)         10. Would you like WCB to arrange/expedite       diagnostic         gsecialist       assessment type/name         11. Are you aware of other health or non-nealth factors affecting recovery?       no         12. Estimated restrictions include:       lifting (~# of lbs)       pushing/pulling (~# of lbs)         overhead reaching       turning       walking       adders         13. Effects of the injury may affect activity for:       # of days if <8 days	Clinic Name:		Examination date:
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education       exercise       transitional RTW       *Please name (med., caregiver)         10. Would you like WCB to arrange/expedite       diagnostic       specialist       assessment type/name         11. Are you aware of other health or non-health factors affecting recovery?       no       yes (if yes, add to comments)         12. Estimated restrictions include:       lifting (~ # of lbs)      pushing/pulling (~ # of lbs)      preaching	-		
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Image: Standing (~ # of hrs)       Image: Standing (~ # of hrs)			
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17. Comments:		• _ ,	
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Signature: Date: Copy to:	18. Next appointment	date:	
	Signature:		Date: Copy to:
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