

## **Physiotherapy/ Occupational Therapy Initial Assessment - Form A**

Date of Assessment YY MM DD yy mm dd			WSCC Claim	Number		
	_					
Worker Information	1 =					
Last Name	First Name		Middle Initial	Date of Birth YY MM DD yy mm dd		
Family Physician Name	Date of Injury YY	Pate of Injury YY MM DD		Is the worker working?		
	yy ' mm ' dd '		Pre-injury work ☐ Modified duties ☐ No ☐			
Health Care Provider Information						
Provider Name			Practitioner ID Number			
Practitioner Name		Phone		Fax		
Employer Information						
Employer Name Employ		er Contact Name		Employer contacted?		
				Yes No D		
Worker's Job Title/Occupation		Job task information available?		Modified duties available?		
Yes No				Yes No No		
Injury Assessment Information						
Medical Disability Advisor (MDA) Diagnosis (s	specify body part)					
Sprain/Strain Date of First C	ontact YY MM DD		Expected recover	y based on MDA YY MM DD		
Yes No	yy mm dd		Expedica recover	yy mm dd		
Significant Subjective		Significant Objective				
Forms O. Frinchiseral Abilities December						
Form C - Functional Abilities Report?  Yes  No  If no, why?						
Are there flags/indicators that influence durat	ion?					
Yes No If yes, explain:	ioir:					
Expected Return to Work						
yy mm	<sup>dd</sup> ○D	yy uties Start Date YY	mm dd   MM   DD			
Case conference required?			additional page if	necessary.		
Yes No No Yes No No						
Job Match Summary		,				
Pre-injury Job Requirements						
Sedentary Light Medium He	eavy 🗌 Very Heavy [					
Present Work Capability						
	eavy 🗌 Very Heavy [	□ N/A □				
Modified Duties	_	_				
Sedentary Light Medium He	eavy 🗍 Very Heavy 🛭					

## **Collaborative Treatment Plan**

Goals	Methodology	Recommended Time Frame		
		From	YY MM DD yy mm dd	
			yy mm dd	
		То	YY MM DD	
			yy mm dd	
		_	)0/	
		From	YY MM DD yy mm dd	
		То	YY MM DD	
			yy mm dd	
		From	YY MM DD	
			yy mm dd	
		То	YY MM DD yy mm dd	
Additional Requests/Recommendations				

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

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