Saskatchewan Workers' Compensation Board

200 – 1881 Scarth Street, Regina SK S4P 4L1
Phone: 306.787.4370
Toll free: 1.800.667.7590
Toll free fax: 1.888.844.7773
Website: www.wcbsask.com

TXI

Practitioner's Initial Assessment Report

Profession:

Part A: Patient Identification **WCB Claim Number:**

Last Name	First Name	Initial	Date of Birth (DD/MM/YY)	Personal Health Number

Part B: Practitioner's Statement
Diagnosis

Date of Examination (DD/MM/YY) **Date of final treatment** (DD/MM/YY)

History (Worker's history of injury including symptoms)

Clinical findings

Describe other conditions not related to the work injury which may affect recovery

Functional problems identified (Related to work duties)

Treatment goals (Functional abilities required to return to work)

Treatment Plan

Worker is currently working ☐ Yes ☐ No If no, expected return to work date

Date of next appointment:	Frequency of appointments:	Expected discharge date:

Part C: Practitioner Identification

Last name:	First name:
Signature:	Date (DD/MM/YY)

Part D: Practitioner Information

Clinic name:		Clinic billing number:	
Clinic address:	City:	Province:	Postal code:
Phone:	Fax:		