Saskatchewan Workers' Compensation Board
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Click on any field to start editing.

PPI

Reset Form

# Physician's Initial Report

WCB claim number: _____

Worker's name: _____

Clinic name: _____

Clinic number: _____ Doctor number: _____

Phone: _____ Fax: _____

Physician's name, address, postal code

Provincial Health Number: _____

Date of birth: _____ (MM/DD/YYYY) Phone: _____

Employer name: _____

Worker's name, address, postal code

## INJURY

1. Date of injury: _____ (MM/DD/YYYY) 2. Date of initial exam: _____ (MM/DD/YYYY)

3. Part of body injured: _____ 4. Diagnosis: _____

5. Mechanism of injury: _____

6. Subjective complaints: _____

7. Objective findings: _____

8. Investigations ordered: ☐ X-ray ☐ CT ☐ MRI ☐ Blood work ☐ None ☐ Other: _____

9. Treatment plan: ☐ Medication* ☐ Physical therapist* ☐ Chiropractor* ☐ Massage* ☐ Specialist* ☐ Hospitalized*
☐ Education ☐ Exercise ☐ Transitional RTW ☐ No Treatment Required

*Please name (med., caregiver) _____

10. Have you advised the patient to be off work due to the injury? ☐ Yes ☐ No (if yes, complete 11 to 18)

If no, is the patient to be working with restrictions? ☐ Yes ☐ No (if yes, complete 11 to 18)

## ADDITIONAL INFORMATION

11. Are you aware of previous injury/treatment for this area? ☐ No ☐ Yes Time frames: _____

12. Are you aware of any factor that might prolong recovery? ☐ Yes ☐ No

13. Estimated restrictions include: ☐ Lifting _____ lbs ☐ Pushing/Pulling _____ lbs ☐ Reaching _____
☐ Overhead reaching _____ ☐ Turning ☐ Walking _____ ☐ Stairs _____
☐ Ladders _____ ☐ Standing (hrs) _____ ☐ Sitting (hrs) _____ ☐ Environment: _____
☐ None ☐ Other: _____

14. Effects of the injury may affect activity for: _____ days if < 8 days ☐ 8-14 days ☐ 15-21 days ☐ > 21 days
RTW date: _____ (MM/DD/YYYY)

15. Has transitional RTW been discussed with the worker? ☐ Yes ☐ No The employer? ☐ Yes ☐ No

16. Has a transitional RTW been arranged? ☐ Yes TRTW start date: _____ (MM/DD/YYYY) ☐ No (explain in comments)

17. Are there any specific safety or medication concerns in a TRTW? ☐ No ☐ Yes (explain in comments)

18. Comments: _____

Signature: _____ Please sign form before mailing/faxing. Date: _____ (MM/DD/YYYY) Copy to: _____



When writing to the WCB, please print name and claim or firm number.