



Notification of Physiotherapy/ Occupational Therapy

WCB Claim Number		Clinic name		Referring Physician Phone No.	
Last Name		First Name		Date of Birth	YY MM DD
Mailing Address		Community		Postal Code	
Referring physician		Date of physician referral		YY	MM DD
Estimated length of treatment program		Weeks	Date physical or occupational therapy began		YY MM DD
Physiotherapy or occupational therapy diagnosis					

ASSESSMENT FINDINGS AND INITIAL TREATMENT:

PHYSICAL LIMITATIONS:

Is there any other condition that will impede or delay the patient's return to work or interfere with treatment?
 Yes No Attendance Motivation Compliance Other (specify)
 If yes, explain

Is the patient missing time from work? Is the worker capable of modified/part-time work?
 Yes No Yes No
 If yes, estimate return to work date YY MM DD If yes, explain restrictions

Goals (example: to remain at work; to overcome restrictions)	Estimated Weeks to Achieve Goals		
	1-3	3-5	5-7

PRIVATE CLINIC OR HOSPITAL ADDRESS

PHYSIOTHERAPY / OCCUPATIONAL THERAPIST

Signature

Name (*Please print*)

YY MM DD Telephone (*include area code*)

PHYSIOTHERAPY AND OCCUPATIONAL THERAPY

Treatment Terms

A worker's treating physician may refer him/her directly to an approved physiotherapy or occupational therapy program or department for up to six weeks of treatment. Requests from the treating physician, physiotherapist or occupational therapist for extensions of treatment require prior WCB approval.

Prior WCB approval is also required when:

- treatment is being recommended in a clinic other than a centre recognized by the WCB;
- treatment is being provided in a worker's residence; and/or
- more than one treatment is being provided per day.

Physiotherapy or occupational therapy may be recommended for maintenance reasons even after a worker's medical condition has stabilized and an assessment for permanent disability completed. WCB may approve up to six weeks of treatment on a yearly basis when recommended by a treating physician.

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or

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