



**Physiotherapy/
Occupational Therapy –
Request for Extension**

WCB Claim Number											
Clinic name						Referring Physician Phone No.					
Last Name			First Name			Date of Birth	YY	MM	DD		
Mailing Address				Community			Postal Code				
First treatment	YY	MM	DD	Date of most recent progress report	YY	MM	DD	Date of next progress report	YY	MM	DD

Progress to date

Reason extension requested

Number of additional treatments required

Please describe changes to functional goals since last progress report

Do you expect the extension of treatment to result in return to work? Yes No
Please explain:

Expected return to work date YY MM DD Is worker capable of modified/part-time work? Maintenance Program Yes No
 Yes No If yes, outline restrictions

Goals (example: to remain at work; to overcome restrictions)

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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