WORKERS' COMPENSATION BOARD
Northwest Territories and Nunavut

Massage Therapy Treatment

PLEASE COMPLETE THIS FORM

Claim Number

Clients name

Last Name

First Name

Number of treatments

Name of treating Physician

TREATMENT DATES (MONTH/DAY)

WEEK	S	M	T	W	T	F	S
1							
2							
3							
4							
5							
6							
7							
8							

Part of body treated

Description of the response to therapy:

Massage Therapist: _____

Signature: _____ Name (please print): _____

Phone Number: _____ Date: _____

**Treating Massage Therapists must be members of the NWT Massage Therapists Association*

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax 1-866-277-3677
or
❏ Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501
❏ Box 368 • Rankin Inlet, NU X0C 0G0 • Telephone: (867) 645-5600 • Fax: (867) 645-5601
❏ Box 1188 • Inuvik, NT X0E 0T0 • Telephone: (867) 678-2301 • Fax: (867) 678-2302

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