WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Halifax Office
5668 South Street
PO Box 1150
Halifax, NS B3J 2Y2
1-800-870-3331 toll free
902-491-8999 local
902-491-8001 fax

Sydney Office
336 King's Road, Suite 117
Medical Arts Building
Sydney, NS B1S 1A9
1-800-880-0003 toll free
902-563-2444 local
902-563-0512 fax

Physician's Report

Form 8/10:07/2002

Visit and Initial Report ☐
Visit and Follow-up Report ☐

Please complete this form legibly to receive payment, and return it to the WCB. Please attach extra pages, if necessary.

Section 1 — Worker's Information

Patient's Last Name _____ Given Name _____

Address (with Postal Code) _____

_____ Phone # _____

Employer's Name _____

Employer's Address (with Postal Code) _____

_____ Phone # _____

Occupation/Type of Work _____

Claim # _____

Date of Birth _____ (dd/mm/yyyy)

Social Insurance # _____

NS Health Card # _____

Date of Visit _____ (dd/mm/yyyy)

Date of Injury _____ (dd/mm/yyyy)

Section 2 — Physician's Report

1 **Subjective Findings** (Mechanism of injury, presenting complaint and related symptoms): _____

2 **Objective Findings** (Clinical findings): _____

3 **Work Capabilities** (type of work that can be performed) — See reverse for definitions.

Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very Heavy ☐

Describe additional work restrictions: _____

4 **Diagnosis**: _____

5 **Prognosis**: _____

6 **Treatment given**: _____

7 **Follow-up planned**: _____

Complete this section for follow-up report.

8 Are you the first treating physician? Yes ☐ No ☐ If NO, who: _____ when: _____

9 Was there an X-Ray taken? Yes ☐ No ☐ If YES, part of body: _____

What hospital: _____ when: _____

10 Was patient referred to physiotherapy? Yes ☐ No ☐ If YES, where: _____ when: _____

11 Was patient admitted to hospital? Yes ☐ No ☐ If YES, where: _____ when: _____

12 Was patient referred to another physician? Yes ☐ No ☐ If YES, who: _____ when: _____

13 Do you wish to discuss this case with a WCB physician? Yes ☐ No ☐ With a WCB case owner? Yes ☐ No ☐

14 Was there a similar problem in the past? Yes ☐ No ☐ If YES, when: _____

15 Describe any past problems and/or state any additional comments of interest that may affect recovery: _____

Section 3 — Physician's Certification

I certify that this is a complete and accurate report. The fees charged are in accordance with the MSI fee schedule. I have received no prior payment. I have read the reporting responsibilities on the back of this form.

Physician's Signature	Physician's ID #	Phone #	Fax #
Physician's Name (please print)	Address		Date

Physician's Report Instructions

Reporting Responsibilities

- This report must be legible and submitted immediately after the patient's visit.

Work Capabilities — Definitions*

The following are five work classifications used to describe the amount of physical effort required to perform a task or job. Please consider them when responding to Question 3 on the Physician's Report.

SEDENTARY Work

- Exerting up to 4.4 kg (10 lbs) of force occasionally and/or a negligible amount of force frequently.
- Sitting most of the time, walking or standing for brief periods.

LIGHT Work

- Exerting up to 8.9 kg (20 lbs) of force occasionally and/or up to 4.4 kg (10 lbs) frequently and/or negligible amounts constantly.
- Walking or standing to a significant degree, or sitting constantly but with arm and/or leg controls with exertion of force greater than sedentary.

MEDIUM Work

- Exerting up to 22.2 kg (50 lbs) of force occasionally and/or up to 8.9 kg (20 lbs) of force frequently and/or up to 4.4 kg (10 lbs) constantly.

HEAVY Work

- Exerting up to 44.4 kg (100 lbs) of force occasionally and/or up to 22.2 kg (50 lbs) of force frequently and/or up to 8.9 kg (20 lbs) of force constantly.

VERY HEAVY Work

- Exerting in excess of 44.4 kg (100 lbs) of force occasionally and/or in excess of 22.2 kg (50 lbs) of force frequently and/or up to 8.9 kg (20 lbs) of force constantly.

* (Adapted from The Medical Disability Advisor, Presley Reed, M.D., LRP Publications; and from the National Occupation Classification.)