



Mailing Address: PO Box 5350 Stn Terminal, Vancouver BC V6B 5L5
 Location: 6951 Westminster Highway, Richmond BC
 Telephone 604 214-6700, Fax 604 276-3195

WCB NERVE BLOCKS

Visiting Specialists' Clinic & Diagnostic Imaging Records Department

Name	Date of birth <small>year month day</small>
Claim number	Personal health number
Phone number	Name of referring doctor

Clinical Information

Diagnosis	
Clinical features	
Root irritation – <i>SLR / bowstring</i>	
Facet sensitivity – <i>Pain on extension / Kemp's</i>	
Nonorganics – <i>Waddell category score</i>	
Exercise intolerance?	
Segmental numbering concerns – <i>Transitional vertebrae?</i>	
Requested procedure / Level	
Add steroid?	
Comments	



Name	Claim number
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BLOCK

Procedure/Side

1

2

Date			
Level – requested			
Level – blocked			
Anaesthetic agent	Lidocaine %		
	Bupivacaine %		
	Epinephrine		
Needle			
Anaesthetic volume			
Steroid			
X-ray / image intensifier – Views			
Parasthesae			
Technical concerns			
Complications			
Sedation			

Clinical Response

1

2

Block effective?			
Dermatome numb?			
Immediate pain effect			
Pain eliminated % or 1–10 scale			
Late pain response – 24-hour telephone contact			
Impression			
Repeat block?			

Date <small>year month day</small>	Physician	Signature	Doctor's billing number
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