

WCB Initial Questionnaire

Worker Information		
Last Name:	First Name:	Middle Initial:
Date of initial visit (dd/mm/yyyy):	Care Card No.:	

Claim Information	
Claim Number:	Date of injury (dd/mm/yyyy):
Area(s) of injury accepted on this claim:	
Claim Manager:	Claim Manager's Phone No.:
Attending Doctor:	Attending Doctor's Phone No.:

Injury Information		
When did you first get examined?		
Who examined you (family doctor, hospital, etc.)?		
Describe how you were injured:		
Were there any x-rays taken (or other imaging)?	Yes	No

Employer and Job Information					
Occupation:		Company Name:			
Worksite Address:					
City/Province:		Postal Code:			
Company Phone No.:		Company Fax No.:			
Contact Name:		Contact Job Title:			
Contact Phone No.:					
<u>Pre-Injury job attachment status:</u>					
Job attached		Job not attached		Not yet confirmed	
<u>Usual pre-injury work schedule:</u>					
Days per week:		Hours per day:		Additional info:	
Are you currently working?		Yes	No	Are light modified duties available?	
				Yes	No
Please describe your job and your work duties:					

Employer and Job Information (continued)						
For the specific demands listed below, please check the box that applies to your job requirements as well as your current capabilities:						
Walking:	Required:	Short Distance	Prolonged	Comments:		
	Capability:	Short Distance	Prolonged			
Standing:	Required:	0-15 min	15-30 min	30+ min	Frequency/Comments:	
	Capability:	0-15 min	15-30 min	30+ min	Comments:	
Sitting:	Required:	0-30 min	30-60 min	60+ min	Frequency/Comments:	
	Capability:	0-30 min	30-60 min	60+ min	Comments:	
Lifting Below Shoulder Height:	Required:	0-10 kg	10-25 kg	25+ kg	Frequency/Comments:	
	Capability:	0-10 kg	10-25 kg	25+ kg	Comments:	
Lifting Above Shoulder Height:	Required:	0-10 kg	10-25 kg	25+ kg	Frequency/Comments:	
	Capability:	0-10 kg	10-25 kg	25+ kg	Comments:	
Stair Climbing:	Required:	None	2-3 steps	Short Flight	Multiple Flights	Carrying Loads
	Capability:	None	2-3 steps	Short Flight	Multiple Flights	Carrying Loads
Ladder Climbing:	Required:	None	2-3 steps	4-6 steps	Long Ladders	Carrying Loads
	Capability:	None	2-3 steps	4-6 steps	Long Ladders	Carrying Loads
Bending Forward:	Required:	Yes	No	Duration/Comments:		
	Capability:	Yes	No	Comments:		
Squatting/Kneeling:	Required:	Yes	No	Duration/Comments:		
	Capability:	Yes	No	Comments:		
Repetitive Movements:	Required:	Yes	No	Duration/Comments:		
	Capability:	Yes	No	Comments:		

Statement of Understanding

I understand that Teamworks Health Clinic has a 24-hour cancellation policy and that I will be charged the **full private cost** for a missed appointment or a short notice cancellation.

Signature: _____