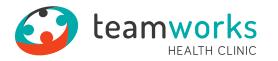


WCB Initial Questionnaire

Worker Information								
Last Name:	First Nam	e:	Middle Initial:					
Date of initial visit (dd/mm/yyyy):	Care Carc	I 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.:								
Pre-Injury job attachment status:								
Job attached Job not attached	Ν	Not yet confirmed						
Usual pre-injury work schedule:								
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:

Required: Capability:			-	ents:	
Required:	0-15 min	15-30 min	30+ min Fre	equency/Comments:	
Capability:	0-15 min	15-30 min	30+ min Co	omments:	
Required:	0-30 min	30-60 min	60+ min Fre	equency/Comments:	
Capability:	0-30 min	30-60 min	60+ min Co	omments:	
Required:	0-10 kg	10-25 kg	25+ kg Fre	equency/Comments:	
Capability:	0-10 kg	10-25 kg	25+ kg Co	omments:	
Required:	0-10 kg	10-25 kg	25+ kg Fre	equency/Comments:	
Capability:	0-10 kg	10-25 kg	25+ kg Co	omments:	
Required:	None	2-3 steps	Short Flight	Multiple Flights	Carrying Loads
Capability:	None	2-3 steps	Short Flight	Multiple Flights	Carrying Loads
Required:	None	2-3 steps	4-6 steps	Long Ladders	Carrying Loads
Capability:	None	2-3 steps	4-6 steps	Long Ladders	Carrying Loads
Required:	Yes	No	Duration/Comments:		
Capability:	Yes	No	Comments:		
Required:	Yes	No	Duration/Comments:		
Capability:	Yes	No	Comments:		
Required:	Yes	No	Duration/Comments:		
Capability:	Yes	No	Comments:		
	Capability: Required: Capability: Required: Capability: Required: Capability: Required: Capability: Required: Capability: Required: Capability: Required: Capability: Required: Capability: Required: Capability:	Capability:Short DistantRequired:0-15 minCapability:0-15 minRequired:0-30 minCapability:0-30 minRequired:0-10 kgCapability:0-10 kgCapability:0-10 kgCapability:0-10 kgRequired:0-10 kgCapability:0-10 kgRequired:NoneCapability:NoneRequired:NoneRequired:YesCapability:YesRequired:YesRequired:YesRequired:YesRequired:YesRequired:YesRequired:YesRequired:Yes	Capability:Short DistanceProlomeRequired:0-15 min15-30 minCapability:0-15 min15-30 minRequired:0-30 min30-60 minCapability:0-30 min30-60 minCapability:0-10 kg10-25 kgCapability:0-10 kg10-25 kgCapability:0-10 kg10-25 kgRequired:0-10 kg10-25 kgCapability:0-10 kg10-25 kgRequired:None2-3 stepsCapability:None2-3 stepsCapability:None2-3 stepsRequired:None2-3 stepsRequired:YesNoCapability:YesNoRequired:YesNoRequired:YesNoRequired:YesNoRequired:YesNoRequired:YesNoRequired:YesNoRequired:YesNoRequired:YesNo	Capability:Short DistanceProlongedRequired:0-15 min15-30 min30+ minFrom Capability:0-15 min15-30 min30+ minCom Capability:0-15 min15-30 min30+ minCom Capability:0-30 min30-60 min60+ minFrom Capability:0-30 min30-60 min60+ minCom Capability:0-30 min30-60 min60+ minCom Capability:0-30 min30-60 min60+ minCom Capability:0-30 min30-60 min60+ minCom Capability:0-10 kg10-25 kg25+ kgFrom Capability:0-10 kg10-25 kg25+ kgCom Capability:None2-3 stepsShort FlightRequired:None2-3 stepsCapability:None2-3 stepsRequired:YesNoComments:Required:YesNoComments:Required:YesNoDuration/Com Capability:YesNoDuration/Com Capability:YesRequired:YesNoDuration/Com Capability:Required:YesNoDuration/Com Capability:Required:YesNoDuration/Com Capability:Required:YesNoDuration/Com Cap	Capability:Short DistanceProlongedRequired:0-15 min15-30 min30+ minFrequency/Comments:Capability:0-15 min15-30 min30+ minComments:Required:0-30 min30-60 min60+ minFrequency/Comments:Capability:0-30 min30-60 min60+ minComments:Required:0-30 min30-60 min60+ minComments:Required:0-10 kg10-25 kg25+ kgFrequency/Comments:Capability:0-10 kg10-25 kg25+ kgComments:Required:0-10 kg10-25 kg25+ kgComments:Capability:0-10 kg10-25 kg25+ kgComments:Required:None2-3 stepsShort FlightMultiple FlightsCapability:None2-3 stepsShort FlightMultiple FlightsRequired:None2-3 steps4-6 stepsLong LaddersCapability:None2-3 steps4-6 stepsLong LaddersRequired:YesNoDuration/Comments:Capability:Required:YesNoDuration/Comments:Required:Required:YesNoDuration/Comments:Required:Required:YesNoDuration/Comments:Required:Required:YesNoDuration/Comments:Required:Required:YesNoDuration/Comments:Required:Required:YesNoDuration/Comments:Required:<

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: _____