VAUGHAN PHYSIOTHERAPY CLINIC

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Scan for your patient portal: book, forms and receipts

Workplace Injury (WSIB) Intake

Get better today.

WSIB approves treatment in blocks. We send your reports and Functional Abilities Forms (FAF) to WSIB and your employer. Please bring your claim number and any forms from WSIB or your employer.

Patient name *		Date of birth *	Y Y Y Y - M M - D D

A. The injury

Date of injury *	Y Y Y Y - M M - D D	**Date reported to employer**	Y Y Y Y - M M - D D
Time of day	H H : M M ☐ AM ☐ PM	**Side**	☐ Left ☐ Right ☐ Both
What happened?			
Area injured	☐ Neck ☐ Back ☐ Shoulder ☐ Elbow ☐ Wrist / hand ☐ Hip ☐ Knee ☐ Ankle / foot ☐ Head ☐ Other _____		
Seen by	☐ Walk-in / ER ☐ Family doctor ☐ Specialist ☐ Nobody yet		

B. Claim

WSIB claim # *		**Case manager**	
Case manager phone		**Forms filed**	☐ Form 6 ☐ Form 7 ☐ Form 8 ☐ Not sure
Approved so far	☐ Not yet ☐ 4 weeks ☐ 8 weeks ☐ Other _____		

C. Your job

Employer		**Job title**	
Supervisor name		**Supervisor phone**	- -
Supervisor email			
Hours per shift		**Shifts per week**	
Job demands	☐ Heavy lifting ☐ Repetitive hands ☐ Overhead work ☐ Prolonged standing ☐ Prolonged sitting ☐ Driving ☐ Ladders ☐ Computer ☐ Other _____		
Work status now	☐ Off work ☐ Modified duties ☐ Reduced hours ☐ Full duties	**Modified work offered**	☐ Yes ☐ No ☐ Not asked
Activity you want back (1)		**Score now (0 to 10)**	
Activity you want back (2)		**Score now (0 to 10)**	
Activity you want back (3)		**Score now (0 to 10)**	

D. Supplies WSIB may cover

Interested in	☐ Custom orthotics ☐ Orthopaedic footwear ☐ Compression stockings ☐ Brace ☐ Other _____		
Send WSIB forms to	☐ Email to me ☐ Email to my supervisor ☐ Both		
Notes for your clinician			
Signature *		**Date ***	Y Y Y Y - M M - D D