

# Leduc Wellness Centre Chiropractic

## WCB Worker's Injury Form

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Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yr

Patient Name: \_\_\_\_\_

Date of Accident/Injury: \_\_\_\_\_

WCB Claim No.: \_\_\_\_\_

WCB Case Worker: \_\_\_\_\_

WCB Case Worker Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Have you lost time from work due to the accident?  Yes  No

If yes, indicate amount of time lost: \_\_\_\_\_

List your 3 main job requirements/duties you perform at work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is modified or alternate work available, if necessary?  Yes  No

Have you seen another health care professional (eg. physiotherapist, medical doctor)?  Yes  No

1. If yes, who and where? \_\_\_\_\_

2. What testing, if any  
(eg. x-ray, CT scan)? \_\_\_\_\_

3. Treatment recommended  
or received? \_\_\_\_\_

Please describe the accident in your own words (how you injured yourself):

\_\_\_\_\_  
\_\_\_\_\_

Where is your pain? \_\_\_\_\_

How often are your symptoms present?  constantly  frequently  occasionally  rarely

Please check the words that describe your pain/symptoms:

sharp  dull/aching  throbbing  numbness/tingling  
 burning  shooting  burning  other \_\_\_\_\_

Please circle the intensity of pain you are experiencing: (best) 1 2 3 4 5 6 7 8 9 10 (worst)

Since the problem started, is it:             getting better       getting worse       about the same?

What aggravates your problem/symptoms? \_\_\_\_\_

What relieves your problem/symptoms? \_\_\_\_\_

List any medications you are taking:

\_\_\_\_\_

Is there anything else you would like us to know?

\_\_\_\_\_

## WCB - Patient/Doctor Agreement

The WCB has contractual arrangements with Doctors of Chiropractic who are “Authorized Providers”, for the provision of chiropractic care under the WCA (Workers’ Compensation Act). Up to six weeks of chiropractic care to a maximum of 22 visits may be authorized by the WCB for injured workers whose claim has been accepted. The WCB has jurisdiction to determine the necessity, character and sufficiency of treatment as well as who may provide such treatment.

The WCB is the primary payer for all work-related injuries. Neither the injured worker nor Alberta Health Care is to be billed for any WCB-related service(s). If the WCB rejects payment for an account, where applicable, the account can be resubmitted to Alberta Health.

### **Patient’s Acknowledgment:**

I have read the above and choose Chiropractic care provided by the Authorized Doctor(s) at Leduc Wellness Centre. I understand that in the event that WCB does not authorize or accept my claim in part or in whole, the cost of all treatments and the balance owing is to be paid by me personally.

Patient’s Name: \_\_\_\_\_

Patient’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_