

Leduc Wellness Centre Chiropractic

WCB Worker's Injury Form

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: _____