Workers' Safety and Compensation Board
Yukon

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone**: (867)667-5645, **Toll free**: 1-800-661-0443, **Fax:** (867)667-8740, **Website:** www.wcb.yk.ca

DOCTOR'S FIRST REPORT

WORKER'S INFORMATION

Worker's Last Name	
Worker's First Name	
☐ Male ☐ Female	Telephone Number
Date of Birth (dd/mm/yy)	
Worker's Address	
Health Care Number ☐ Yukon ☐ Other (please specify)	If other, specify jurisdiction
Date of Injury (dd/mm/yy)	
Employer	
Worker's Occupation	

DOCTOR'S INFORMATION

Doctor's Name	
Doctor's Address	
Doctor's Telephone Number	
or Health Care Provider's Stamp	
Date of Visit (dd/mm/yy)	Time of Visit
Worker's Family Doctor	Claim # or Body Part

SUBJECTIVE

Worker's description of mechanism of injury
Describe subjective complaints

OBJECTIVE

Describe objective findings, including any diagnostic results		
Diagnosis		
Treatment plan and medication		
Any follow-up plan? ☐ Yes ☐ No	Date of follow-up visit (dd/mm/yy)	Please attach a Functional Abilities form (and give a copy to the worker).
Any factors that might complicate recovery? (e.g. a pre-existing condition) ☐ Yes ☐ No		If yes, please explain, attaching details if needed

This information is being collected for the purposes of administering and enforcing the Workers' Safety and Compensation Act and is collected under the authority of that Act and the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Privacy Officer at WSCB at the above listed address or at (867)667-5645 or 1-800-661-0443.