



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

Please contact YWCHSB before providing care if you have not signed a service agreement: Work is Healthy

WORKER'S INFORMATION		PROVIDER'S INFORMATION	
Surname		Name	
First name		Address	
Address		Telephone number	
Telephone number	Date of birth (d/m/y)	Fax number	
Has worker filed a claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claim number or part of body	Worker's family doctor	Date of visit (d/m/y)
Date of injury (d/m/y)		Worker's employer	

ASSESSMENT

Worker's description of complaints

Objective findings

Therapist's clinical impression

TREATMENT PLAN

Recommended duration and frequency of treatment or rationale for extension request

Treatment goals

Signature _____ Date (d/m/y) _____

YWCHSB Massage Treatment Authorization

Provider _____ Fax number _____

Proposed treatment end date (d/m/y) _____

Claim Owner _____ Claim owner phone # _____

Treatment plan approved Treatment **not** approved Claim denied Call to discuss

YWCHSB Signature _____ Date (d/m/y) _____