

Claim #	PHN	Physician Name	
Last Name	First Name	Address	
Worker Address		Phone	Fee Code
Date of Birth	Injury Date	Visit Date	Vendor #
Employer		<input type="checkbox"/> Visit and Initial Report	<input type="checkbox"/> Visit and Follow Up Report
Examination Findings (Include injury history if initial visit)			
Part of Body Injured		Diagnosis	
Further Investigation (eg. Diagnostics, specialist, surgery)			
Referral to other Treatment Modalities: <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Chiropractic <input type="checkbox"/> Occupational Rehabilitation (Work Conditioning, FCE, etc) <input type="checkbox"/> Other Explain:			
Medication Prescribed			
Remain at Work / Return to Work Planning The worker is: <i>(please check one)</i> <input type="checkbox"/> able to remain at work at full duties. <input type="checkbox"/> able to perform modified or alternate duties. Describe: <input type="checkbox"/> ready for an easeback program. Describe: <input type="checkbox"/> unable to perform any type of work. Estimate the date when the worker will be able to return to the workplace in any capacity:			
Are there other barriers affecting recovery/return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly Explain:			
The worker's compensable condition is: <input type="checkbox"/> Improved <input type="checkbox"/> Status Quo <input type="checkbox"/> Deteriorated		_____	
If there has been an exacerbation: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Significant		Physician's signature	
Date of Next Visit		Date	
		Reviewed Report with Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal information on this form is collected in accordance with section 31 of the *Freedom of Information and Protection of Privacy Act* for the purpose of administering a worker's compensation claim by the Workers Compensation Board. For further information about the collection of personal information, please contact the Workers Compensation Board's Freedom of Information Coordinator at P.O. Box 757, Charlottetown, PE, C1A 7L7 or telephone (902) 368-5680.