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Patient information			
Last name	First name		Initials
Address	City	Province	Postal code
Telephone	Date of birth (dd/mmm/yy)	Sex Male Female	
Date of worker's first treatment (dd/mmm/yy)	Date of assessment on which this report is based (dd/mmm/yy)		

Message to Physiotherapist:

- Physiotherapy treatment will not be paid for beyond 12 weeks unless an extension is pre-authorized by the WSIB.
- To ensure continuity of treatment, this document must be completed in full and submitted to the WSIB **at least 4 weeks** prior to the completion of the 12 week treatment period.
- Section 37 of the Workplace Safety and Insurance Act authorizes you to release this information to the WSIB.

Working diagnosis	Any changes from initial diagnosis: Yes No If yes , what is new working diagnosis:	
Case summary/treatment to date	Results of treatment to date: (ie. degree of improvement, effects on ADLs, etc.)	
Has worker lost time as a result of the accident? Yes No	Has worker returned to regular work? Yes No	Has worker returned to modified work? Yes No

Present status	Expected outcomes with additional treatments
Current symptoms and findings on examination: (ROM, neurological testing, etc.)	Expected improvements in examination findings and limitations:
Current functional limitations:	Complete recovery expected: Yes No If yes , approximate date: (dd/mmm/yy)
Factors delaying recovery:	Duration of treatment required: Start date (dd/mmm/yy) End date (dd/mmm/yy) Estimated frequency of further treatment:
Would the worker benefit from a multi-disciplinary health care assessment? Yes No	

Physiotherapist information			
Physiotherapist's name		Clinic name	
Address		City/Town	Province Postal code
Telephone	Signature		Date (dd/mmm/yy)
Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.			

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.