



Box 2415, Edmonton
Alberta T5J 2S5
Fax (780) 427-5863
1-800-661-1993

C823
HOSPITAL PHYSICAL THERAPY
ASSESSMENT REPORT

Triage: [] 1 [] 2 [] 3 [] 4 [] 5

WCB Claim Number

Personal Health Number

Worker's Surname First Name Initial Date of Birth (Year / Month / Day)

Address Street City/Town Province

Postal Code Telephone Number Date of Accident (Year / Month / Day) Is the worker working? [] Yes [] No

Job Title/Occupation N.O.C. Code

Employer's Name Telephone Number

Address Street City/Town Province Postal Code

Which practitioner or facility rendered first treatment? Date (Year / Month / Day)

Describe worker's work related injury (how and where):

Worker's complaint (nature and site(s) of symptoms): Has the worker had a similar problem previously? If yes, describe: [] Yes [] No

Diagnoses: Diag Code Diag Code Diag Code

ASSESSMENT FINDINGS (Include specific objective Measurements) Date of Referral (Year / Month / Day) Date of Assessment (Year / Month / Day)

Table with 3 columns: GOALS and TREATMENT PLAN, METHODOLOGY, TIME FRAMES

Any complicating factors affecting recovery / Barriers to return to work? Describe: Surgery [] Yes [] No Date (Year / Month / Day)

Is injury preventing worker from performing date of accident work? [] Yes [] No Does the worker have a job to return to? [] Yes [] No Estimated date of return to pre-accident work (Year / Month / Day)

Can "modified or alternate" work be performed? [] Yes [] No Describe work capability: (see over for definitions) [] Sedentary [] Light [] Medium [] Heavy [] Very Heavy

Any work restrictions? [] Yes [] No Describe: [] Permanent [] Temporary Describe:

Name and Address to whom fee is payable: (please print) Provider's Signature: Physical Therapist Name: (Please print) Date (Year / Month / Day) Telephone Number

WCB Billing Number:

WORK DEFINITIONS

Modified	Alternate
<ul style="list-style-type: none">- a change in or adaptation of the date-of-accident work, based on the worker's capabilities.- may be temporary or permanent.	<ul style="list-style-type: none">- a different job with duties within the worker's capabilities..

WORK CAPABILITIES Definitions

Sedentary	Medium
<ul style="list-style-type: none">- Lifting 10 lbs maximum- Occasional lifting and/or carrying	<ul style="list-style-type: none">- Lifting 50 lbs. maximum- Frequent lifting and/or carrying up to 20 lbs.- May involve sitting with pushing and pulling or arm and/or leg controls
Light	Heavy
<ul style="list-style-type: none">- Lifting 20 lbs. maximum- Frequent lifting and/or carrying up to 10 lbs.- May require walking/standing to a significant degree- May involve sitting with pushing and pulling of arm and/or leg controls	<ul style="list-style-type: none">- Lifting 100 lbs. maximum- Frequent lifting and/or carrying up to 50 lbs.
	Very Heavy
	<ul style="list-style-type: none">- Occasional lifting in excess of 100 lbs.- Frequent lifting and/or carrying excess of 50 lbs.