wcb Workers' Compensation Board – Alberta
P.O. BOX 2415
EDMONTON, AB T5J 2S5
FAX: 780-427-5863
1-800-661-1993
780-498-3226 for extension requests

# M007A
# ACUPUNCTURE SERVICES
# ☐ PROGRESS ☐ DISCHARGE REPORT

***Please print clearly or type.***

| | | | |
|---|---|---|---|
| | | | WCB Claim Number |
| Surname | First Name and Initial | | Date of Birth *(yyyy/mm/dd)* |
| Address | City/Town | Province | Postal Code |
| Telephone Number | Date of Accident | Date of Examination | |

| | | |
|---|---|---|
| **Request for further treatment?** ☐ Yes ☐ No | **If yes, number of treatments required?** | **Referral to other Health Care Provider** ☐ Yes ☐ No **Specialty Area:** |

**Subjective Complaints:**

**Level of Pain** 0 5 10
NONE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ HIGH
☐ *If this is for a psychological injury, please rate the level of anxiety above*

**Length of time pain free after treatment (days):**

**Objective Findings:** *(progress at work/home):*

**Treatment Provided:**
☐ Acupuncture ☐ Cups ☐ Moxabustion ☐ GUA/SHA ☐ Electro Acupuncture ☐ TDP Lamp
☐ Other (*describe*):

**Positive outcome of treatment as reported by worker:**
*(If appropriate, please comment on pain medication use, sleep, or frequency of headache(s) per day)*

**Complications:**

**Has the worker returned to work?** ☐ Yes ☐ No
**If yes, please provide a date:** _____ ☐ Part-time ☐ Modified or Alternate Work ☐ Fulltime

**Can the worker return to pre-accident employment?** ☐ Yes ☐ No
**If no, describe work restrictions** ☐ Temporary ☐ Permanent ☐ Duration: _____

| | | |
|---|---|---|
| **Would you like a case conference with the claim owner?** ☐ Yes ☐ No | **Total number of treatments?** | **Dates of treatments:** |

| | | |
|---|---|---|
| Name and Address to Whom Fee is Payable (print) | Signature | Date *(yyyy/mm/dd)* |
| | Print Name | |
| WCB Billing Number: | Telephone Number | Fax Number *(if no fax number please provide email address)* |

**THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.**
**CORRECTIONS MUST BE SUBMITTED WITHIN 2 MONTHS OF BEING NOTIFIED BY WCB OF AN ERROR.**