

Physiotherapy/ Occupational Therapy -Discharge Report

WSCC Claim Number																	
Clinic Name																	
Patient Last Name Patient First Name Initia											Initials	}					
First Treatment	YYYY	ММ	MM DD Discharge Date YYYY MM DD TREATMENT DATES (MONTH/DAY) WEEK S M T W T F									s					
Treatment Admir	m				1 2 3 4 5 6 7 8												
Status Goals achieved	(percenta	ge or degr	rees)														
Goals not met																	
Reason goals no	ot met at o	discharge															
Is the patient missing time from work? Yes No				Has the patie	Has the patient returned to work? Yes No					Modified/Part-time							
Discharge Sum	mary																
Final Assessment Findings						PHYSIOTHERAPY/OCCUPATIONAL THERAPIST											
							Signature										
						Name (please print)											
						YYYY	MM	DD	Telep	hone (nclude	area o	code)				

PHYSIOTHERAPY AND OCCUPATIONAL THERAPY

Treatment Terms

A worker's treating physician may refer him/her directly to an approved physiotherapy or occupational therapy program or department for up to six weeks of treatment. Requests from the treating physician, physiotherapist or occupational therapist for extensions of treatment require prior WSCC approval.

Prior WSCC approval is also required when:

- treatment is being recommended in a clinic other than a centre recognized by the WSCC;
- treatment is being provided in a worker's residence; and/or
- more than one treatment is being provided per day.

Physiotherapy or occupational therapy may be recommended for maintenance reasons even after a worker's medical condition has stabilized and an assessment for permanent disability completed. WSCC may approve up to six weeks of treatment on a yearly basis when recommended by a treating physician.

RESPONSIBILITY OF HEALTH CARE PROVIDER

Excerpts from the Nunavut & NWT Workers' Compensation Acts

Report by health care provider	25. (1)	A health care provider who examines or treats a worker under this Act shall submit a report to the Commission.
Timing and contents of report	(2)	The report must be submitted within three days after the examination or treatment, and must contain the information required by the Commission.
Duty of health care facility	(3)	If a health care facility employs the health care provider referred to in subsection (1), the health care facility is responsible for ensuring that the report is submitted in accordance with this section.
Provision of information	30.	The Commission may require a claimant, an employer or a health care provider to provide any information that it considers necessary for it to determine a claim for compensation.

Excerpt from the Nunavut & NWT Workers' Compensation General Regulations

7.2 A health care provider who fails to provide information required under section 30 of the Acts is liable under subsection 141(2) to a penalty of \$250.

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.

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