Clear Form

WORK SAFE. FOR LIFE.
WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Halifax Office
1-800-870-3331 toll free
902-491-8999 local
902-491-8001 fax

Sydney Office
1-800-880-0003 toll free
902-563-2444 local
902-563-0512 fax

Initial Assessment – Form B

Date of Assessment: dd | mm | yyyy

WCB Claim #:
Health Card #:

WORKER INFORMATION

Worker's Last Name:	First Name:	Initial:	Family Physician Name:	Date of Birth: dd / mm / yyyy
Date of Injury: dd / mm / yyyy	Is the worker working? ☐ Pre-injury work ☐ Transitional duties ☐ No			

HEALTH CARE PROVIDER INFORMATION

Provider Name:		ID#:
Practitioner Name:	Phone:	Fax:

EMPLOYER INFORMATION

Employer Name:	Employer Contact Name:	Employer contacted? Yes ☐ No ☐
Worker's Job Title/Occupation:	Job task information available? Yes ☐ No ☐	Transitional duties available? Yes ☐ No ☐

INJURY ASSESSMENT INFORMATION

MDA Diagnosis (specify body part):

Sprain/Strain: Yes ☐ No ☐ | Date of First Contact: dd / mm / yyyy | DDG Date: dd / mm / yyyy

Orebro score: 0 to 98 (low) 98 to 148 (med) 148+ (high)	Significant Subjective:	Significant Objective:

Form E – Physical Abilities Report? Yes ☐ No ☐ If no, why?

Are there flags that influence duration? Yes ☐ No ☐

Expected RTW: ☐ Transitional Start Date: dd / mm / yyyy ☐ Pre-injury Start Date: dd / mm / yyyy

Duties:

Case conference required? Yes ☐ No ☐

Attach additional page if necessary Yes ☐ No ☐

JOB MATCH SUMMARY (refer to Work Capabilities – Definitions)

Pre-injury job requirements:	Sedentary ☐	Light ☐	Medium ☐	Heavy ☐	Very Heavy ☐	
Present work capability:	Sedentary ☐	Light ☐	Medium ☐	Heavy ☐	Very Heavy ☐	N/A ☐
Transitional duties:	Sedentary ☐	Light ☐	Medium ☐	Heavy ☐	Very Heavy ☐	

COLLABORATIVE TREATMENT PLAN

Goals:	Methodology:	Recommended Time Frame
		From: dd / mm / yyyy To: dd / mm / yyyy
		From: dd / mm / yyyy To: dd / mm / yyyy
		From: dd / mm / yyyy To: dd / mm / yyyy

Additional Requests:

WCB REMINDER • E-mail Clinic for Approval • Update Screen 119

Copied to Physician and WCB