HOSPITAL OCCUPATIONAL THERAPY REPORT

Workers' Compensation Board – Alberta

P.O. BOX 2415
EDMONTON, AB T5J 2S5
FAX: 780-427-5863
1-800-661-1993

☐ **C826 Assessment**

☐ **C827 Progress**

☐ **C828 Discharge**

WCB Claim Number

Personal Health Number

WORKER DETAILS

Surname	First Name and Initial	Date of Birth (yyyy/mm/dd)

Address Street	City/Town	Province	Postal Code	Telephone Number

Date of Accident (yyyy/mm/dd)	Is the patient working? ☐ Yes ☐ No	Referring Physician:	Date of Physician Referral: (yyyy/mm/dd)

Diagnosis	Date of Assessment: (yyyy/mm/dd)	Part of Body:	Occupation (NOC):

Assessment Findings / Progress (including specific Range of Motion and Strength, Measurements, Functional Deficits)

TREATMENT DATES *(MONTH/DAY)*

wk	sun	mon	tues	wed	thurs	fri	sat
1							
2							
3							
4							

Describe changes in diagnosis and/or status:	Diag code:	Diag code:	Diag code:

Functional Status / Goals	Methodology	Time Frame

Treatment completed: ☐ Yes ☐ No

Employment Status *(check one only)*

- ☐ Employment / Pre-Accident Level
- ☐ Employment / Modified Level
- ☐ Not Employment / Capable of Pre-Accident Level
- ☐ Not Employment / Capable of Modified Level
- ☐ Further Investigation / Treatment
- ☐ Discharged due to Non-Compliance/Non-Attendance
- ☐ Other

Further therapy? ☐ Yes ☐ No Number of weeks _____ Number of days per week _____

Work Restrictions ☐ Yes ☐ No Describe:

☐ Permanent ☐ Temporary Describe:

Work Assessment Centre referral recommended for : ☐ Further Medical Assessment ☐ Functional Capacity ☐ Occupational Rehab ☐ Onsite ☐ Hand Assessment ☐ Other _____

Does the worker have a job to return to? ☐ Yes ☐ No

Is injury preventing worker from performing date of accident work? ☐ Yes ☐ No

Estimated date of return to pre-accident work: (yyyy/mm/dd)

Can modified/alternate work be performed? ☐ Yes ☐ No

Describe work capabilities at present: (see over for definitions) ☐ Heavy ☐ Medium ☐ Light ☐ Limited ☐ Not Capable ☐ Constant ☐ Frequency ☐ Occasional ☐ Rarely ☐ Never

Are there any complication factors that will impede or delay the worker's return to work? ☐ Yes ☐ No If yes, ☐ Medical ☐ Psychological ☐ Surgery ☐ Other *(please describe)* _____ Date (yyyy/mm/dd)

Name and Address of whom fee is payable: (Please print)

Therapist's Signature

Printed Name

Facility:

Facility Number:

Date (yyyy/mm/dd)

Therapist(s) Telephone Number

THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.

Work Assessment Centres

Referral Assists	Evaluation Services Available
Evaluation of worker's functional status and fitness for work Recommendations for further treatment (eg. Occupational Rehabilitation Programs, Further Diagnostics/ Consultations)	Medical Status Examinations Functional Capacity Evaluations Medical Coordination Services

Independent Medical Exam

An examination by an appropriate specialist not involved in treatment of the case for the purpose of diagnosis clarification (work relationship), work fitness, and/or assessment of permanent clinical impairment.

Work Capabilities

Task level guidelines

Limited work	Light work	Medium work	Heavy work
- Exerting up to 5kg (11 lbs) of force. - Example: An occupation where the Worker sits most of the time, and only walks or stands for brief periods.	- Exerting up to 10kg (22 lbs) of force. - Example: Walking or standing to a significant degree, or sitting constantly but with arm and/or leg controls with exertion of force greater than limited.	- Exerting up to 20kg (44 lbs) of force.	- Exerting over 20kg (44 lbs) of force.

* Reference: The North American Occupation Classification (NOC)

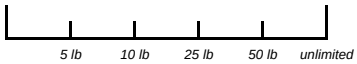
When determining a worker's fitness for work and suitability for a person, you need to also consider the frequency at which the task is performed. For example, if a worker's regular job duties requires them to lift 11 kg (medium level) from their waist to an overhead position on a frequent basis, but they are only able to lift 11 kg on an occasional basis, this would be considered a work restriction.

Frequency is commented on by medical professional as follows:

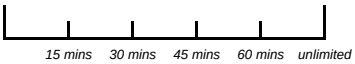
Never	- 0% of the day
Rarely	- 1-5% or not daily
Occasional	- 6-33% of the day
Frequent	- 34-66% of the day
Constant	- 67-100% of the day

Examples of Functional Work Restrictions

Repetitive movement against resistance and gripping
Driving motorized equipment
Handling/lifting of materials
Working at heights
Pushing/Pulling
Lifting at Job



Standing at Job



Environmental Conditions

Inside Outside In a vehicle or cab Dust/fumes