Saskatchewan Workers' Compensation Board

Health Care Services
200 - 1881 Scarth Street
Regina, SK S4P 4L1
askwcb@wcbsask.com
wcbsask.com/care-providers

Tel: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773

MCARETX

Notification of Intake to Treatment Program

Fax to: Workers' Compensation Board (306.787.4311 or 1.888.844.7773)

Worker information

Name of worker: ______________________________

WCB claim number: ______________________________

Treatment information

Name of treatment centre: ______________________________

Clinic phone number: ______________________________

Treatment clinic number (for example, PHY, HSP): ______________________________

Treatment level (please check one):

☐ Secondary ☐ Tertiary ☐ Mental health

Referred by: ______________________________ Program will begin on: ______________________________

Treatment schedule

Please enter the **anticipated treatment schedule** for the first two weeks of the program:

Monday	Tuesday	Wednesday	Thursday	Friday
Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM
Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM
Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM
Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM	Date: From: AM/PM To: AM/PM

Referral date from the WCB/primary care provider: ______________________________

______________________________ ______________________________

Signature **Date**