

Health Care Services 200 - 1881 Scarth Street Regina, SK S4P 4L1

Online: www.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

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International Health Care Provider's Report

Your patient was injured on the job in Saskatchewan, Canada. In order to pay your fees for this patient's care, please provide us regular reports of your patient's progress. The Saskatchewan Workers' Compensation Board (WCB) will pay your fees and any care providers you refer this patient to, if the care is related to this workplace injury.

Fees will be paid as per the Saskatchewan fee schedules posted on our website, if we receive regular reports regarding this worker. We will pay you by cheque or by electronic funds transfer.

Please complete and return to the Saskatchewan WCB by email at forms@wcbsask.com or mail to:

Saskatchewan WCB 200 – 1881 Scarth Street Regina SK S4P 4L1 Canada

Patient's name:	WCB claim number:
Date of birth:	Date of injury:
Saskatchewan Health number:	Part of body injured:
Canadian Social Insurance number:	Profession or job type:
Health care provider's name:	Tel: Fax:
Clinic name, address and postal code:	Clinic website:

1. Current diagnosis

2. Subjective complaints



		WCB claim number:		
3.	Objective findings			
4.	Discharged from care?			
	☐ Yes If yes, date:	□ No		
5.				
	Include copies of all test results, specialist reports, etc., with this report.			
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6.	Would you like the Saskatchewan WCB to help you arra	inge tests or specialist appointments?		
_	☐ Yes ☐ No			
Pro	ovide details (diagnostic, specialist name, assessment type).			
7.	Treatment plan			
٠.	□ Chiropractic			
	□ Massage			
	☐ Biomechanical			
	□ Electrophysical			
	☐ Regional conditioning: ☐ Supervised ☐ Home			

☐ Gradual return to work

☐ Other:

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			WCB claim number:		
8.	Frequency of trea	atment:	times per week		
9.	Are you aware of any health or non-health factors affecting recovery?				
	□ Yes		□ No		
	If yes, please expla	ain:			
10.	0. Did the injury that happened in Saskatchewan create any medical reasons that prevent the patient from returning to work?				
	□ Yes		□ No		
	If yes, what are the	e restrictions?			
11.	1. The injury may affect work activity for how many days?				
	□ < 8 days	☐ 8 to 14 days	☐ 15 to 21 days		
	Return to work dat	e:			
12.	12. Have you discussed a return-to-work plan with this patient?				
	□ Yes		□ No		
13.	Additional comm	ents			