Mountainview KINESIOLOGY

PHYSIOTHERAPY
MASSAGE THERAPY
ACUPUNCTURE

CHIROPRACTIC
DIETETICS
AND MORE

WCB Initial Questionnaire

Worker Information		
Last Name:	First Name:	Middle Initial:
Date of initial visit (dd/mm/yyyy):	Care Card No.:	

Claim Information	
Claim Number:	Date of injury (dd/mm/yyyy):
Area(s) of injury accepted on this claim:	
Claim Manager:	Claim Manager's Phone No.:
Attending Doctor:	Attending Doctor's Phone No.:

Injury Information
When did you first get examined?
Who examined you (family doctor, hospital, etc.)?
Describe how you were injured:
Were there any x-rays taken (or other imaging)? ☐Yes ☐No

Employer and Job Information	
Occupation:	Company Name:
Worksite Address:	
City/Province:	Postal Code:
Company Phone No.:	Company Fax No.:
Contact Name:	Contact Job Title:
Contact Phone No.:	
Pre-Injury job attachment status: ☐Job attached ☐Job not attached ☐Not yet confirmed	
Usual pre-injury work schedule: Days per week: Hours per day: Additional info:	
Are you currently working? ☐Yes ☐No	Are light modified duties available? ☐Yes ☐No
Please describe your job and your work duties:	

Employer and Job Information (continued)						
For the specific demands listed below, please check the box that applies to your job requirements as well as your current capabilities:						
Walking:	Required:	☐ Short Distance	☐ Prolonged	Comments:		
	Capability:	☐ Short Distance	☐ Prolonged			
Standing:	Required:	☐ 0-15 min	☐ 15-30 min	☐ 30+ min	Frequency/Comments:	
	Capability:	☐ 0-15 min	☐ 15-30 min	☐ 30+ min	Comments:	
Sitting:	Required:	☐ 0-30 min	☐ 30-60 min	☐ 60+ min	Frequency/Comments:	
	Capability:	☐ 0-30 min	☐ 30-60 min	☐ 60+ min	Comments:	
Lifting Below Shoulder Height:	Required:	☐ 0-10 kg	☐ 10-25 kg	☐ 25+ kg	Frequency/Comments:	
	Capability:	☐ 0-10 kg	☐ 10-25 kg	☐ 25+ kg	Comments:	
Lifting Above Shoulder Height:	Required:	☐ 0-10 kg	☐ 10-25 kg	☐ 25+ kg	Frequency/Comments:	
	Capability:	☐ 0-10 kg	☐ 10-25 kg	☐ 25+ kg	Comments:	
Stair Climbing:	Required:	☐ None	☐ 2-3 steps	☐ Short Flight	☐ Multiple Flights	☐ Carrying Loads
	Capability:	☐ None	☐ 2-3 steps	☐ Short Flight	☐ Multiple Flights	☐ Carrying Loads
Ladder Climbing:	Required:	☐ None	☐ 2-3 steps	☐ 4-6 steps	☐ Long Ladders	☐ Carrying Loads
	Capability:	☐ None	☐ 2-3 steps	☐ 4-6 steps	☐ Long Ladders	☐ Carrying Loads
Bending Forward:	Required:	☐ Yes	☐ No	Duration/Comments:		
	Capability:	☐ Yes	☐ No	Comments:		
Squatting/Kneeling:	Required:	☐ Yes	☐ No	Duration/Comments:		
	Capability:	☐ Yes	☐ No	Comments:		
Repetitive Movements:	Required:	☐ Yes	☐ No	Duration/Comments:		
	Capability:	☐ Yes	☐ No	Comments:		

Statement of Understanding

I understand that Mountainview Kinesiology has a 24-hour cancellation policy and that I will be charged the **full private cost** for a missed appointment or a short notice cancellation.

Signature: ____