

Alpine Physiotherapy & Massage WorksafeBC Intake Form



Job Demands Questionnaire

Your Physiotherapist has been asked by WorkSafe BC to determine what your job involves physically. Your Physiotherapist has been asked to contact your employer and confirm the functional demands of your job, and to determine with your employer what opportunities there are for a full or graduated return, or if lighter duties are available. To assist in this process, we request you complete this form.

Name: _____

Occupation: _____

Employer: _____

Employer Address: _____

Employer Phone #: _____

Employer Contact Person and Job Title: _____

Employer Contact phone number: _____

Normal work Schedule: _____ days per week: _____ hours per day

Claim #: _____ Date of Injury: _____

Please describe the key tasks you will need to perform when returning to work

Task 1: _____

Weight lifted: _____

Body position (sitting, standing, crouching, etc.): _____

Movements required:

Task 2: _____

Weight lifted: _____

Body position (sitting, standing, crouching, etc.): _____

Movements required:

Task 3: _____

Weight lifted: _____

Body position (sitting, standing, crouching, etc.): _____

Movements required:

Task 4: _____

Weight lifted: _____

Body position (sitting, standing, crouching, etc.): _____

Movements required:

WorkSafe BC Consent to release of Personal Information

I, _____, hereby authorize the staff at Alpine Physiotherapy to:

(Please initial after each statement)

1. To disclose medical and/or other information to WorkSafe BC. _____
2. To disclose medical information to, and to obtain medical information from, my physician, specialist, or other treating therapists for the purpose(s) of assessing or providing treatment services. _____
3. To discuss return to work information with my employer or their representative (per the limitations of this discussion as reviewed with my physiotherapist). _____
4. To disclose medical or other information with my lawyer (if applicable) _____

Family doctor: _____ Phone#: _____

Specialist: _____ Phone#: _____

Current/former employer: _____ Phone#: _____

WorkSafe BC Case Manager: _____ Phone#: _____

Signature

Date

Witness