

\* All Chiropractors and other related health practitioners are required to report a work-related injury to WorkSafe whether or not you intend to proceed with a claim.

**WORK INJURY**

Please fill out this work injury form for our office records

Personal Health Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

WorkSafe Claim Number: \_\_\_\_\_

Have you called WorkSafe's "Dial-a-Claim" to make your claim? Yes \_\_\_\_\_ No \_\_\_\_\_

Name : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_

Postal Code : \_\_\_\_\_ Home Phone : \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Employer's Name and Address:

\_\_\_\_\_

Postal Code : \_\_\_\_\_ Phone Number : \_\_\_\_\_

Company Business : \_\_\_\_\_ Your Occupation : \_\_\_\_\_

Date Injured : \_\_\_\_\_ Hour : \_\_\_\_\_ AM/PM

Have you had time off work due to this injury ? \_\_\_\_\_

If so, list dates off work: \_\_\_\_\_

Other health practitioners seen for this injury? Massage yes \_\_\_\_\_ no \_\_\_\_\_

\_\_\_\_\_

Physio yes \_\_\_\_\_ no \_\_\_\_\_

Others (describe) \_\_\_\_\_

Accident reported to the employer ? yes \_\_\_\_\_ no \_\_\_\_\_

Did you fill out WorkSafe form at work ? yes \_\_\_\_\_ no \_\_\_\_\_

Name of the person you reported the accident to: \_\_\_\_\_

Injured at (address):

\_\_\_\_\_

Description of Accident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses:

\_\_\_\_\_

turn over → → →

**IMPORTANT WORKSAFE INFORMATION -Please Read Carefully**

· Please report your work injury to YOUR EMPLOYER, WORKSAFE and OUR OFFICE as soon as possible. Delaying your report will delay the processing of your claim and may even lead to WorkSafe denying your claim.

· You are responsible for submitting a claim to WorkSafe . Your employer must also send one in. WorkSafe teleclaim # 1-888-WORKERS.

(967-5377)

· Our office will submit a Chiropractor’s report after your first examination.

· WorkSafe may or may not accept your claim.

· Patients are responsible for all treatment charges until our office receives confirmation from WorkSafe that your claim has been accepted. (2-4 weeks) Once your claim has been accepted WorkSafe will cover your Chiropractic care whether or not you have to take time off work for recovery.

· Once confirmation has been received you will no longer be responsible for further treatment charges related to your claim during your coverage period. (4-8 weeks)

· Our office will re-imburse you any over-payment you have made from the commencement of your claim when WorkSafe has remitted their payment to us. (4-8 weeks)

· WorkSafe requires that a worker with a current claim be treated by ONE SPECIFIC CHIROPRACTOR during the claim period, except in the event of that chiropractor’s illness or vacation.

· For continuity we recommend that you commence your claim by seeing the chiropractor that sees you most regularly.

Any more questions? Our staff will be happy to help you!

By signing below,

I give Cornerstones Chiropractic & Complementary Therapies permission to release any relevant medical information to WorkSafe.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date