

## **Treatment memorandum**

Visit wsib.ca/submit to submit this form and supporting documents.

Practitioner/Hospital: The worker claims to have been injured in our employ and requests treatment. We, the employer, are sending a report to the Workplace Safety and Insurance Board (WSIB).

Worker identification									
Last name		First name				Initials	S.I.N		
Address (no., street, apt. unit)			City/	Town	Provi	nce		Postal co	de
Identification									
Firm name					WSIE	3 firm nu	mber		
Address			City/	Town	Provi	nce		Postal co	de
Accident information									
Date (dd/mm/yy) and hour of accidental injury  Date (dd/mm/yy) and hour accident reported									
		AM F	PM					AM	PM
Nature of injury									
Name of company officer							Date (d	dd/mm/yy)	

Important: Please retain and file this document for future reference and submission to the WSIB if requested.

## Injured worker

Regardless of whether you have received attention at a hospital emergency department for your injury, you are entitled to choose your health professional (i.e. family doctor, dentist, chiropractor, specialist, etc.) if you require further treatment. After choosing, however, you may not change health professionals without the permission of the Workplace Safety and Insurance Board (WSIB),

## **Health Professional**

If you have determined the injured worker will be disabled from earning full wages on any day beyond the day of injury, please submit the appropriate form to the WSIB: **Health Professional** - Form 8. Health Professional's First Report; **Chiropractors** - Form 284C, Chiropractor's First Report.

The WSIB supports early and safe return to work. If your patient is injured immediate action is recommended to ensure that appropriate measures are instituted. Many employers accommodate their injured workers advantageously by minor modifications to their normal jobs or by transfer to other occupations more suited to their functional abilities. To assist the employer in planning such measures, the WSIB urges that you discuss this matter with your patient and co-operate with the employer's medical staff or responsible representatives in implementing a program which is reasonable and appropriate for the injured worker.

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.