

Tier 3 Initial Assessment Report Template

Client Overview

Date:

Client's Name:

WCB Claim Number:

Health Card Number:

Date of Birth:

Date of Injury:

Diagnosis (Specific body part):

Employer Name:

Employer Contact Person:

Job Title:

Work Status: Off work or Transitional Duties?

Employer contacted to verify job demands? Yes or No Response?

Linton Questionnaire Score:

Executive Summary

This summary is compiled from the attached reports and data.
Clinic Coordinator/Team Leader can compile this report.

(Patient's Name)_____was assessed at

(Clinic's Name)_____

commencing on date_____.

Recommended Program: 3A _____ 3B_____

Recommended Start Date: _____

This Tier 3 Assessment included combined evaluations by the following team:

List all four (4) core practitioners.

Mechanism of Injury:

Relevant Past Medical History:

Critical Assessment Findings:

- **Medical**
- **Musculo-Skeletal:**

- Functional:
- Psychological:

Return to Work Treatment Plan:

- Medical Intervention:
- MSK/Functional Goals:
- Psychological Goals:

Program Recommendations:

- RTW Plan:

Tier 3 Initial Assessment Individual Report Templates

Medical Status Assessment:

History:

Pharmacological and Diagnostic Tests Review:

Present Complaints:

Work History:

Physician Assessment:

Interpretation:

Recommendation:

Musculoskeletal Examination:

Subjective Complaints:

Objective Findings:

Significant Abilities:

Significant Limitations:

**Ability (Safety Clearance) to Undergo Functional Testing: Yes or No
If "No", give reason:**

Analysis (prioritized):

- 1.
- 2.
- 3.

Treatment Plan (Matched To Analysis):

- 1.
- 2.
- 3.

Functional Examination:

Injury-Specific Testing relevant to the Compensable Injury – included is the standardized Functional Capacity Evaluation that documents the results of the Functional Tests that were performed.

Analysis (Prioritized):

- 1.
- 2.
- 3.

Treatment Plan (Matched To Analysis):

- 1.
- 2.
- 3.

Psychological Examination:

Data Collection/Assessment Test Results:

Analysis of Issues based upon Psychological Assessment results:

Treatment Plan to facilitate RTW (to include specific treatment recommendations):

