



**PHYSIOTHERAPY AND OCCUPATIONAL
THERAPY CARE OR TREATMENT ACCOUNT**
Occupational health and safety

Physiotherapy Occupational therapy

Worker's file No.

Identification of the worker		
Surname (as shown on birth certificate)	First name	Health insurance No. <input type="text"/>
Postal code	Date of original event <input type="text"/>	Date of recurrence, relapse or aggravation <input type="text"/>

Health professional	
Health professional in charge of the worker	Permit No.
Name of the clinic (or health institution)	Date of the prescription <input type="text"/>
1 Diagnosis	
2 Diagnosis requiring consultation in occupational therapy before the 6th week from the date of the event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3 Consultation in occupational therapy before the 6th week from the date of the event indicated by the health professional in charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4 More than 3 treatments per week indicated by the health professional in charge ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Information on the supplier			
Name of the clinic (or health institution)		Supplier No.	
5 Transfer from clinic (or health institution) <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone	Fax	

6 Indicate the care and treatment or services rendered by using the appropriate codes available on the Website of the CNESST.																																
Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Specify the date of the last treatment or last absence if it is the cause of the end of the treatment

Date of the end of treatment

Health worker	
Name of the member of the professional order who made the initial evaluation	Member No.
Signature	Date <input type="text"/>
Name of the member of the professional order who provided treatment	Member No.
Signature	Date <input type="text"/>
Name of the member of the professional order who provided treatment	Member No.
Signature	Date <input type="text"/>