



509.575.2949
 WORKERCARECLINIC.COM

409 SOUTH 12TH AVENUE
 YAKIMA, WA 98902

TOC/Reopening paperwork

Instructions: Please fill out completely. Please write N/A in the blanks if there is no information. Bring this form to Worker Care with complete medical records or fax to 509-575-5743.

In what clinic(s) would you be willing to be seen? Yakima Sunnyside

Patient Name: Date of Birth:

Phone number: Claim Number:

Claim open? Under protest?

Employer of Injury: Date of Injury:

Attorney Name: Legal Assistant:

Assistant email: Attorney Phone:

Claim Manager name: Claim manager phone:

Allowed diagnosis code(s):

Newly contended diagnoses, if any:

Treatment so far:

	Y/N	When?	Where?
Physical therapy			
Chiropractic			
Surgery			
IME (Independent Medical Evaluation)			
Imaging (X-ray, MRI, Cat Scan)			
Labs			

Current medications?

Why are you changing providers?

What services do you feel you still need?



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