



ONTARIO CHIROPRACTIC ASSOCIATION
ASSOCIATION CHIROPRACTIQUE DE L'ONTARIO

Patient Management Program

Creating WSIB Forms in PMP

All patients involved in work related accidents in Ontario require completion of Workplace Safety and Insurance Board (WSIB) forms by the health care providers. PMP makes completion of reports easy and straightforward. WSIB Forms are located in **Patient Information** on the **WSIB forms** tab.

Accidents

The **Accidents** section lists all accidents related to this patient. Buttons in this section are:

- **New Accident** a new accident is created - details will be populated after creating a form
- **Edit Comments** allows you to add a comment to the accident
- **Delete** will delete an accident if there were no forms created using this accident

The screenshot shows the 'Patient Information' window for '1306 - Allan Linton'. The 'Accidents' section contains a table with one entry:

Accident ID	Date	Claim Number	Comments
107	1-Apr-2009	1259855522	

Below the table are navigation buttons and a 'New Accident' button. The 'Form Data' section contains a grid of form types and a table with one entry:

Accident ID	Form ID	Form Type	Comments	Date	Draft/Final	Invoice Number
107	102	Form8		4-Jun-2009	Draft	1002

Below the table are navigation buttons, an 'Edit' button, and a 'Delete 'Draft'' button. At the bottom, there are buttons for 'Next', 'Previous', 'Save', 'Cancel', 'New Patient', and a search section for 'Search for a Patient by' with options for 'Last name', 'Number', 'First name', and 'Other'. A footer note says 'Press F2 to add an appointment or press F10 to process an activity'.

Form Data

All forms required by WSIB are created by clicking the appropriate button:

- **FAF** Functional Abilities Form
- **Form 8** Health Professional's Report
- **Treatment Ext. (0148)** Chiropractor's Treatment Extension Request
- **UE Init. Ass. (2864)** POC for Upper Extremity Injuries – Initial Assessment Report
- **UE Care/Out. (2865)** POC for Upper Extremity Injuries – Care & Outcomes Summary
- **LB Init. Ass. (3238)** POC for Acute Low Back Injuries – Initial Assessment Report
- **LB Care/Out. (3239)** POC for Acute Low Back Injuries – Care & Outcomes Summary
- **LE Init. Ass. (2098)** POC for Lower Extremity Injuries – Initial Assessment Report
- **LE Care/Out. (2099)** POC for Lower Extremity Injuries – Care & Outcomes Summary
- **MTBI Init. Ass. (3240)** POC for Mild Traumatic Brain Injury – Initial Assessment Report
- **MTBI Care / Out. (3241)** POC for Mild Traumatic Brain Injury – Care & Outcomes Summary

Below the report buttons is the list of forms you have created for this patient. Utilize the comment area to record the status of each form.

The buttons below your reports offer additional functions for the listed reports:

- **Edit Comment** allows you to add comments to a form
- **Edit** allows a *Draft* form to be edited
- **View / Print** will open the Ace Viewer and display your form
- **Delete 'Draft'** allows you to delete *Drafts*. **Note:** *Final* forms cannot be edited or deleted.

Completing a Form

Click onto the **New Accident** button if you do not have an existing accident related to the form you want to complete. Read the message boxes; click **Yes**, then **OK**.

To create a **new** form, click one of the Form Data buttons. All completed forms and forms in progress will be listed below the Form Data buttons. To edit an **existing** form, choose the form from the list, then click edit.

Form Data					
FAF	Form 8	Treatment Ext.(0148)	UE Init. Ass.(2864)	UE Care/Out.(2865)	LB Init. Ass.(3238)
LB Care/Out(3239)	LE Init. Ass.(2098)	LE Care/Out.(2099)	MTBI Init. Ass.(3240)	MTBI Care/Out.(3241)	

The form will open with the different sections in tabs across the top. Click on any tab to go to the specific part of the form. Many fields will be populated with information pulled from the patient file.

WSIB Health Professional's Report (Form 8)

Section A | B / C | D1-D2 | D3-D5 | D6-D7 | E1-E2 | E3-E6

Claim Number

Claim Number	Date of Birth	Date of Accident	Social Ins. No.
1259855522	26/04/1972	01/04/2009	

A. Patient Information

Last Name	Initial	First Name
Linton	L	Allan

Address
465 Bathurst Street, #309

Language
English

Other Language

City	Province	Postal Code	Telephone Number	Gender
North York	Ontario	M2N 6V1	(416) 223-3667	Male

Employer/Company Name
TTC

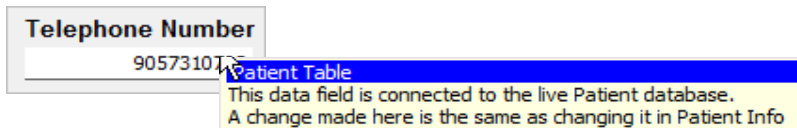
Is this the first visit to a health professional for this injury?
 Yes No Unknown

Address
333 TTC Street

City	Province	Postal Code	Telephone
Toronto	Ontario	M5T 6Y7	(416) 555-1212

Test Form Cancel Save as 'Draft' Save as 'Finalized' (unalterable)

Some fields can be edited but changes will be reflected in the patient information field containing the original information. For example, if you change the telephone number in Section A the change will reflect on the Patient Information Personal tab. Fields where information can be updated are indicated by an underline. Positioning your mouse over an underlined field will produce a hint signifying where the change will be reflected. See illustration below.



The fields contained in WSIB forms will require the use of calendars, drop down selections, check boxes, and typing. Some forms will show information or selections related to the injury in question only. Don't worry; the printed forms will look exactly like the WSIB produced documents.

Additional Buttons

The bottom portion of the form contains the following buttons:

Test Form Cancel Save as 'Draft' Save as 'Finalized' (unalterable)

- **Test Form** when pressed will mark a red 'X' on the tabs signifying incomplete parts of the form and highlight required fields in yellow.
- **Cancel** closes the form without saving and brings the user back to the WSIB forms tab.

- **Save as Draft** will save all information input so far allowing you to edit or complete the form at a later time
- **Save as Finalized (unalterable)** saves the form in an unchangeable format. Use this button only when you are sure all the information is complete and correct.

Click **Test Form** to locate required areas of the form that are incomplete. Tabs where validation rules fail will be marked with a red 'X'. Fields will be highlighted in yellow. Move your mouse over yellow fields to produce a hint. Once a yellow field has been completed the colour will return to normal by clicking **Test Form** again.

If you are unable to complete the form click **Save as Draft**. The form will be saved as a 'Draft (can edit)' on the main WSIB forms tab. Click **Edit Comments**. Type a comment about the status of the form or missing information on the form. Click **OK**. The comment will now be added to the form description. To continue to input information into a form click the draft form in the list followed by **Edit**.

When the form is complete click **Save as Finalized**. Keep in mind, *Finalized* forms cannot be edited or deleted; we recommend printing draft forms and double checking for accuracy before finalizing.

For additional information regarding completion of WSIB forms please refer to WSIB at www.wsib.on.ca.

For additional information about using PMP WSIB forms contact support at 1 800-561-7361 or support@chiropractic.on.ca.