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Chronic Pain Management

(MSP, expedited WCB, ICBC and private consultations)

Cortisone injections:

Epidural Steroid Injections (Back or Neck)
Knee or Hip or shoulder joints

Baker's cyst
Trigger points/myofascial

Carpal Tunnel
Tennis elbow
Botox/migraine

WorkSafe Questionnaire

NAME _____
LAST FIRST MIDDLE

DATE OF BIRTH (DD/MM/YYYY) _____ PERSONAL HEALTH NUMBER _____

CLAIM NUMBER: _____ ACTIVE CLAIM (please circle) YES NO

DATE OF INJURY (DD/MM/YYYY) _____

SITE OF INJURY (DD/MM/YYYY) _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE NUMBER: _____

POSITION AT WORK: _____

PLEASE BRIEFLY DESCRIBE HOW YOU WERE INJURED:

ARE YOU CURRENTLY WORKING (please circle) : YES NO