Yukon Workers' Compensation Health and Safety Board

CHIROPRACTOR'S PROGRESS REPORT

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Web:** www.wcb.yk.ca

Please contact YWCHSB before providing care if you have not signed a service agreement: Work is Healthy

WORKER'S INFORMATION

Surname	
First Name	
Address	City
Territory/Prov.	Postal Code
Telephone #	Date of Birth (d/m/y)
Has worker filed claim? ☐ Yes ☐ No	Claim # or part of body
Date of Injury (d/m/y)	
Employer	

DOCTOR'S INFORMATION

Name	
Address	
Telephone #	Fax #
Date of Visit (d/m/y)	
Family Doctor	

TREATMENT

Treatment dates

Treatment goals and progress made towards goals

If you recommend further treatment, please provide your rationale, frequency, focus of treatment, expected results and end date

Has the worker's functioning changed significantly since the last report? ☐ Yes ☐ No
If **Yes**, please attach a Functional Abilities Form (FAF)

Continue to page 2

RETURN TO WORK

Have you educated the worker about recovery while at work? ☐ Yes ☐ No
If **No**, explain

Worker's current occupation

Worker's critical job demands	Estimated % of current function at this task

Recommended modifications and/or accommodation that would allow the patient to remain at work

RETURN TO WORK

Are there barriers to return to work? ☐ Yes ☐ No
If there are barriers to return to work, complete and attach Appendix 1

ADDITIONAL COMMENTS OR OBSERVATIONS

Doctor's Signature _____ Date (d/m/y) _____

YWCHSB Chiropractor Treatment Authorization

Provider _____ Provider's Fax # _____

Proposed treatment end date (d/m/y) _____

Claim owner _____ Claim owner phone # _____

☐ Treatment plan approved ☐ Treatment not approved ☐ Claim denied ☐ Call to discuss

YWCHSB Signature _____ Date (d/m/y) _____

This information is being collected for the purposes of administering and enforcing the *Workers' Compensation Act* and is collected under the authority of that Act and the *Access to Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact the Privacy Officer at YWCHSB at the above listed address or at (867)667-5645 or 1-800-661-0443.