



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 WSCB 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? if Yes please attach a Functional Abilities Form (FAF) Yes No									

RETURN TO WORK

Have you educated the worker about recovery while at work? Yes If No
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

Appendix 1

Doctor's Signature

Date (d/m/y)

WSCB 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

WSCB Signature

Date (d/m/y)

This information is being collected for the purposes of administering and enforcing the *Workers' Safety and 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 WSCB at the above listed address or at (867)667-5645 or 1-800-661-0443.

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