



# Physician's Progress/Discharge Report

Clinic No.: \_\_\_\_\_ Doctor No.: \_\_\_\_\_ Personal Health No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Physician's Name, Address, Postal Code

Worker's Name, Address, Postal Code

Clinic Name: \_\_\_\_\_ Examination date: \_\_\_\_\_

1. Part of body injured: \_\_\_\_\_ 2. Diagnosis: \_\_\_\_\_

3. Subjective Complaints: \_\_\_\_\_

4. Objective findings: \_\_\_\_\_

5. Results of diagnostics since previous report (forward) \_\_\_\_\_

6. Assessment of recovery (0-10) current: \_\_\_\_\_ 0 = none, 10 = preinjury

Explain any delay in recovery: \_\_\_\_\_

7. Have you advised the patient to be off work due to the injury?  yes (if yes, complete #8 - 18)  no  
If no, is the patient to be working with restrictions?  yes  no (if yes, complete #8 - 18)

8. Investigations ordered:  x-ray  CT  MRI  blood work  other: \_\_\_\_\_

9. Treatment plan:  medication\*  physical therapist\*  chiropractor\*  massage\*  specialist\*  hospitalized\*  
 education  exercise  transitional RTW \*Please name (med., caregiver) \_\_\_\_\_

10. Would you like WCB to arrange/expedite  diagnostic  specialist  assessment type/name \_\_\_\_\_

11. Are you aware of other health or non-health factors affecting recovery?  no  yes (if yes, add to comments)

12. Estimated restrictions include:  lifting (~ # of lbs) \_\_\_\_\_  pushing/pulling (~ # of lbs) \_\_\_\_\_  reaching  
 overhead reaching  turning  walking \_\_\_\_\_  stairs \_\_\_\_\_  adders \_\_\_\_\_  
 standing (~ # of hrs) \_\_\_\_\_  sitting (~ # of hrs) \_\_\_\_\_  environment: \_\_\_\_\_  other: \_\_\_\_\_

13. Effects of the injury may affect activity for: \_\_\_\_\_ # of days if <8 days  8-14 days  15-21 days  > 21 days

14. Has transitional RTW been discussed with the worker?  yes  no the employer?  yes  no

15. Has a transitional RTW been arranged?  yes TRTW start date: \_\_\_\_\_  no (explain in comments)

16. Are there any specific safety or medication concerns in a TRTW?  no  yes (explain in comments)

17. Comments: \_\_\_\_\_

18. Next appointment date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Copy to: \_\_\_\_\_