



Physiotherapy/ Occupational Therapy – Progress/Discharge Report

WCB Claim Number															
Clinic Name						Referring Physician Phone No.									
Last Name			First Name			Date of Birth	YY	MM	DD						
Mailing Address				Community			Postal Code								
First treatment	YY	MM	DD	Discharge Date	YY	MM	DD	TREATMENT DATES (MONTH/DAY)							
Treatment administered <input type="checkbox"/> Education <input type="checkbox"/> Active <input type="checkbox"/> Passive <input type="checkbox"/> Home program <input type="checkbox"/> Other								WEEK	S	M	T	W	T	F	S
								1							
								2							
								3							
								4							
								5							
								6							
								7							
8															
Progress report due	YY	MM	DD												

Status
Goals achieved (percentage or degrees)
Goals not met
Reason goals not met at discharge

Is the patient missing time from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the patient returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date YY MM DD	Is worker capable of modified/part-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, outline restrictions
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Discharge Summary

Final assessment findings

PHYSIOTHERAPY / OCCUPATIONAL THERAPIST	
Signature	
Name (<i>Please print</i>)	
YY MM DD	Telephone (<i>Include area code</i>)

PHYSIOTHERAPY AND OCCUPATIONAL THERAPY

Treatment Terms

A worker's treating physician may refer him/her directly to an approved physiotherapy or occupational therapy program or department for up to six weeks of treatment. Requests from the treating physician, physiotherapist or occupational therapist for extensions of treatment require prior WCB approval.

Prior WCB approval is also required when:

- treatment is being recommended in a clinic other than a centre recognized by the WCB;
- treatment is being provided in a worker's residence; and/or
- more than one treatment is being provided per day.

Physiotherapy or occupational therapy may be recommended for maintenance reasons even after a worker's medical condition has stabilized and an assessment for permanent disability completed. WCB may approve up to six weeks of treatment on a yearly basis when recommended by a treating physician.

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax 1-866-277-3677

or

☐ Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501