Workers Compensation Board of Manitoba

**Please FAX this form IMMEDIATELY**
**Winnipeg: 954-4999**
**Toll free: 1-877-872-3804**
333 Broadway • Winnipeg R3C 4W3
Telephone 954-4922 • Toll free 1-800-362-3340

# CHIROPRACTOR PROGRESS REPORT

Claim No.

7C

**Worker Information**

| Last Name | First Name | Address | | | |
|---|---|---|---|---|---|
| City | Province | Postal Code | Date of Birth DD / MM / YYYY | PHIN ___-___-___ | |

**Injury Details**

| Date of Incident DD / MM / YYYY | Indicate Area of Injury | | |
|---|---|---|---|
| | Back: ☐ Cervical ☐ Thoracic ☐ Lumbar Sacral | Extremity: | Other: |

**Examination Findings & Diagnosis**

| Any changes in diagnosis? ☐ yes ☐ no | If yes, state new diagnosis | Date(s) of examinations since last report DD / MM / YYYY DD / MM / YYYY |
|---|---|---|

Subjective Complaints:

Objective Findings (include ROM, muscle testing & neurological status)

| Tests performed or ordered (e.g. X-Ray) Attach results | Location | Date of Appointment(s) DD / MM / YYYY DD / MM / YYYY |
|---|---|---|
| Referred to Consultant? ☐ yes ☐ no | If yes, name and address of Consultant | Date of Appointment DD / MM / YYYY |

**Treatment Plan**

Type, frequency and duration

☐ Adjustment/SMT (freq.____x/wk.; dur.____/wks.) ☐ Active Rehab (freq.____x/wk.; dur.____/wks.)
☐ Adjunctive Therapy (freq.____x/wk.; dur.____/wks.) ☐ Other _____ (freq.____x/wk.; dur.____/wks.)

Date of Next Visit DD / MM / YYYY

Extension requested ☐ yes ☐ no If yes, provide rationale for extension

**Work Capabilities**

When can Worker return to regular duties? Date DD / MM / YYYY ☐ Unknown at time of examination

Is Worker capable of alternate or modified work? ☐ yes ☐ no

Duration of restrictions: _____ weeks

If yes, outline restrictions:

**Chiropractor Information**

| Chiropractor Name | | Telephone No. ( ) | Fax No. ( ) |
|---|---|---|---|
| Address | | Chiropractor Signature | Date DD / MM / YYYY |
| City | Province / Postal Code | | |

WCB 4099

Aussi disponible en français

Fax This Form Winnipeg: 954-4999
Toll Free: 1-877-872-3804