WCB Workers Compensation Board of Manitoba

Phone 204-954-4922
(Toll free 1-855-954-4321)
333 Broadway, Winnipeg R3C 4W3
wcb.mb.ca

Physiotherapist Application for Additional Treatment

Claim Number

Worker Information

Last Name		First Name	
Address			City
Province	Postal Code	Phone Number	Date of Birth (dd/mm/yyyy)
Job Title		Name of Attending/Referring Physician	

Injury Details

Date of Incident DD/MM/YYYY	Area of Injury	Request for discussion with WCB Physiotherapy Consultants? ☐ Yes ☐ No
Date of Assessment DD/MM/YYYY	Worker's Description of Incident or Injury	

Examination Findings and Diagnosis

Current Subjective Complaints

Self Assessment Tool (check tools used – minimum of 2)

	Score		Score
☐ Numeric Pain Rating Scale (NPRS)	_____	☐ Lower Extremity Activity Profile (LEFS)	_____
☐ Roland Morris Back Pain Questionnaire (back)	_____	☐ Disabilities of the Arm, Shoulder and Hand (DASH)	_____
☐ Neck Disability Index (neck)	_____	☐ Health Status Disability	_____

Current Objective Findings (e.g., strength, mobility, neurological, etc.)

Therapist's Diagnosis on Completion of Assessment: Change from initial report: ☐ Yes ☐ No

Is recovery satisfactory? ☐ Yes ☐ No If no, what are the complications/other factors impeding progress?

Dates of Treatment (place an X for dates attended):

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

List any dates of cancellations/no shows: _____

Treatment Plan: Anticipated treatment ___/week x ___ weeks Rationale for further treatment:

Work Abilities

Is Worker disabled from work as a result of the injury? ☐ Yes ☐ No	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 If yes, outline restrictions:	Duration of restrictions_____weeks

Therapist Information

Therapist Name			Phone Number	Fax Number
Facility Name			Email	Date
City	Province	Postal Code	Therapist Signature	

Fax this form - in Winnipeg: 204-954-4999 | toll free: 1-877-872-3804