WCB Workers Compensation Board of Manitoba

Phone 204-954-4100
(Toll free 1-855-954-4321)
333 Broadway, Winnipeg R3C 4W3
wcb.mb.ca

Chiropractor Progress Report

Claim Number	7C

Worker Information

Last Name	First Name		
Address			City
Province	Postal Code	Date of Birth (dd/mm/yyyy)	PHIN

Injury Details

Date of Incident	Indicate area of injury Back: ☐ Cervical ☐ Thoracic ☐ Lumbar Sacral	Extremity:	Other:

Examination Findings and Diagnosis

Any changes in diagnosis? ☐ Yes ☐ No	If yes, state new diagnosis	Dates of examinations since last report
Subjective Complaints		
Objective Findings (include ROM, muscle testing & neurological status)		
Test performed or ordered (e.g., X-Ray, CT Scan, MRI, etc.) Attach results	Location	Date of appointments
Referred to Consultant? ☐ Yes ☐ No	If yes, name and address of Consultant	Date of appointment

Treatment Plan

Type, frequency and duration Adjustment/SMT (frequency____x/wk.; duration____/wks.) Active Rehab (frequency____x/wk.; duration____/wks.) Adjunctive Therapy (frequency____x/wk.; duration____/wks.) Other _____ (frequency____x/wk.; duration____/wks.)	Date of next visit
Extension requested ☐ Yes ☐ No If yes, provide rationale for extension	

Work Abilities

When can worker return to regular duties? 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

Chiropractor Information

Chiropractor Name			Address		
City	Province	Postal Code	Phone Number	Fax Number	Date
Chiropractor Signature					

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