WCB Workers Compensation Board of Manitoba

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

Doctor Progress Report

Claim Number	7

Worker Information

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

Injury Details

Date of Incident	Area of Injury

Examination Findings and Diagnosis

Date of Examination	ICD Code	Any changes to diagnosis ☐ Yes ☐ No
If yes, state new diagnosis		
Subjective Complaints		
Objective Findings (include ROM, muscle testing & neurological status)		
Is recovery satisfactory? ☐ Yes ☐ No If no, what are the complications/other factors impeding progress?		

Test performed (e.g., X-Ray, CT Scan, MRI, etc.) Attach results	Location	Date

Referred to Consultant? ☐ Yes ☐ No	If yes, name and address of Consultant	Date of Appointment

Treatment Plan

Description	Date of next visit

Work Abilities

Will worker be disabled from work beyond the date of incident as a result of the injury? ☐ Yes ☐ No	When can worker return to regular duties? Date ☐ Unknown at time of examination
Is worker capable of alternate or modified work? ☐ Yes ☐ No If yes, outline restrictions:	Duration of restrictions weeks

Physician Information

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

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