WCB Workers Compensation Board of Manitoba

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

Initial - Opioid Management Report

Claim Number	OMIR

Worker Information

Last Name	First Name	Address		
City	Province	Postal Code	Date Of Birth	PHIN

Examination Findings and Diagnosis

Symptoms and examination findings:	Exam Date: DD/MM/YYYY
What diagnosis accounts for your patient's pain?	

Pain Scale

Please indicate your patient's average reported level of pain during the past week:

No pain 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ Pain as bad as it can be.

Activities of Daily Living

Please indicate your patient's reported level of function and ability:	Please check a box for each item below:
1. Function at home	Poor 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ Normal
2. Function at work	Poor 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ Normal
3. Walking ability	Poor 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ Normal
4. Sleeping ability	Poor 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ Normal
5. Overall function	Poor 0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ Normal

Opioid Risk Assessment

Opioid risk tool (ORT) completed Yes ☐ No ☐	ORT score:	(Please do not forward the completed ORT questionnaire)

Opioid Treatment Agreement

Opioid treatment agreement completed Yes ☐ No ☐ (Please send a copy of the Opioid Treatment Agreement to the WCB with this form)

Current Medications and Dosages (including new prescriptions)

Medication Name	Strength (mg)	Frequency	Duration

Work Capabilities

Will worker be disabled from work beyond the injury date? Yes ☐ No ☐	Can the worker return to regular duties? Y/N Unknown at time of examination ☐	Return Date DD/MM/YYYY
Is worker capable of alternate or modified work? Yes ☐ No ☐ If yes, outline restrictions		Duration of restrictions: (weeks)

Treatment Plan (include further investigations/consultations)

	Date of next visit: DD/MM/YYYY

Physician Information

Clinic Name			Physician Name (print)	Today's Date DD/MM/YYYY
Address			Physician Signature	
City	Province	Postal Code	Phone Number	Fax Number

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