



Saskatchewan
Workers'
Compensation
Board

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PPP

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Physician's Progress/Discharge Report

Clinic No.: _____ Doctor No.: _____ Personal Health No.: _____

Phone No.: _____ Fax No.: _____ Date of Birth: _____ Phone No.: _____

Employer Name: _____

Physician's Name, Address, Postal Code

Worker's Name, Address, Postal Code

Clinic Name: _____ Examination date: _____

1. Part of body injured: _____ 2. Diagnosis: _____

3. Subjective Complaints: _____

4. Objective findings: _____

5. Results of diagnostics since previous report (forward) _____

6. Assessment of recovery (0-10) current: _____ 0 = none, 10 = preinjury

Explain any delay in recovery: _____

7. Have you advised the patient to be off work due to the injury? yes (if yes, complete #8 - 18) no
If no, is the patient to be working with restrictions? yes no (if yes, complete #8 - 18)

8. Investigations ordered: x-ray CT MRI blood work other: _____

9. Treatment plan: medication* physical therapist* chiropractor* massage* specialist* hospitalized*
 education exercise transitional RTW *Please name (med., caregiver) _____

10. Would you like WCB to arrange/expedite diagnostic specialist assessment type/name _____

11. Are you aware of other health or non-health factors affecting recovery? no yes (if yes, add to comments)

12. Estimated restrictions include: lifting (~ # of lbs) _____ pushing/pulling (~ # of lbs) _____ reaching
 overhead reaching turning walking _____ stairs _____ adders _____
 standing (~ # of hrs) _____ sitting (~ # of hrs) _____ environment: _____ other: _____

13. Effects of the injury may affect activity for: _____ # of days if <8 days 8-14 days 15-21 days > 21 days

14. Has transitional RTW been discussed with the worker? yes no the employer? yes no

15. Has a transitional RTW been arranged? yes TRTW start date: _____ no (explain in comments)

16. Are there any specific safety or medication concerns in a TRTW? no yes (explain in comments)

17. Comments: _____

18. Next appointment date: _____

Signature: _____ Date: _____ Copy to: _____