



Section 51 (R.S.O. 1990) of the Workers' Compensation Act authorizes you to release this information to the WCB. Please respond to all questions in black ink or type and return the original to the WCB.

Patient's name	Claim No.
[REDACTED]	[REDACTED]

Date of examination on which report is based	When will patient be seen again?
[REDACTED]	[REDACTED]

1. Current symptoms and physical findings

[REDACTED]

2. Diagnosis

[REDACTED]

3. Investigations ordered/results since last report

[REDACTED]

4. Describe current or proposed treatment program including physiotherapy/chiropractic/medications, etc.

[REDACTED]

5. Referral to specialist: Name of specialist(s) (please print)	Referral to a community clinic	Date(s) of appointment
[REDACTED]	[REDACTED]	[REDACTED]

6. Referral to a regional evaluation centre for a multi-disciplinary assessment? If yes, date of appointment

[REDACTED]

7. Any significant factors delaying recovery? If yes, please describe

[REDACTED]

8. Improvement expected? If yes, please describe and give approximate date

[REDACTED]

9. Complete recovery expected? If yes, approximate date

[REDACTED]

10. List any medical restrictions that should be observed should the patient return to work activities now

[REDACTED]

11. If you anticipate permanent restrictions, specify:

[REDACTED]

12. Are there medical restrictions which prevent the patient from operating a motor vehicle?

[REDACTED]

13. Can the patient use public transport?

[REDACTED]

Physician's name (please print)	Signature	Health No.	Version Code
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Address	Telephone	WCB Provider Billing No.	
[REDACTED]	[REDACTED]	[REDACTED]	
	Date	Your own invoice No.	Service date d d m m y y
	[REDACTED]	[REDACTED]	[REDACTED]
			Fee code
			[REDACTED]