

Claim Number	<b>7C</b>
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## 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: <input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbo-Sacral	Extremity:	Other:
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## Examination Findings and Diagnosis

Any changes in diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state new diagnosis	Dates of examinations since last report
Subjective Complaints, including Pain Levels (VAS)		
Objective Findings (include ROM, muscle testing, neurological status, x-ray, status inventory scores) - Attach results:		
Referred to Consultant? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name and address of Consultant	Date of Appointment

## Treatment Plan

Indicate type, frequency and duration of in-clinic treatment to discharge:
Extension requested <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide rationale for extension

## Exercise Program

Date to be Initiated: _____ (frequency ___x/wk.; duration ___wks.)
<input type="checkbox"/> CCGI or equivalent <input type="checkbox"/> In-clinic demonstration <input type="checkbox"/> Supportive material provided <input type="checkbox"/> Copy of program attached

## Work Abilities

When can Worker return to regular duties? Date (dd/mm/yyyy)	<input type="checkbox"/> Unknown at time of examination
Is worker capable of modified or alternate duties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, outline restrictions:	Duration of restrictions: _____ weeks
<input type="checkbox"/> Sedentary: Ability to sit up to six hours in an eight hour work day, lift light objects such as files and paperwork frequently during the day and objects weighing up to 10 pounds occasionally during the day.	
<input type="checkbox"/> Light: Ability to stand up to six hours in an eight hour work day, lift up to 10 pounds frequently and up to 20 pounds occasionally.	
<input type="checkbox"/> Medium: Ability to stand up to six hours in an eight hour work day, lift up to 25 pounds frequently and up to 50 pounds occasionally.	
<input type="checkbox"/> Heavy: Same standing as light and medium, lifting heavier than medium.	

## Chiropractor Information

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