

**Section 37 of the Workplace Safety and Insurance Act authorizes you to release this information to the WSIB. Please respond to all questions and return to the nearest WSIB office.**

Patient's name	Claim No.
Date of examination on which report is based	When will patient be seen again?

1. Current symptoms and physical findings

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2. Diagnosis

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3. Investigations ordered/results since last report

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

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5. Referral to specialist: Name of specialist(s) (please print)	Referral to a community clinic? <input type="checkbox"/> yes <input type="checkbox"/> no
	Date(s) of appointment

6. Referral to a regional evaluation centre for a multi-disciplinary assessment?  no  yes If yes, date of appointment.

7. Any significant factors delaying recovery?  no  yes If yes, please describe.

8. Improvement expected?  no  yes If yes, please describe and give approximate date

9. Complete recovery expected?  no  yes If yes, approximate date.

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

11. If you anticipate permanent restrictions, specify:

12. Are there medical restrictions which prevent the patient from operating a motor vehicle?  yes  no

13. Can the patient use public transport?  yes  no

Physician's name (please print)			Health No.		Version Code	
Address			WSIB Provider Billing No.			
Province	Postal Code	Telephone ( )	Your Own invoice No.		Service date dd mmm yyyy	Fee code <b>M   6   4   3</b>
Physician's Signature		Date	0896A (01/98)			