Workers Compensation Board of PEI
Promoting Safe Workplaces…Protecting Employers and Workers

CHIROPRACTOR REPORT

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE, C1A 7L7 Phone: (902) 368-5680
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☐ Initial Assessment ☐ Progress Report ☐ Discharge Report ☐ Amended Billing

Claim #	Clinic Name
Name	Address
Injury Date	Phone

Fee Code		Report Only ☐		
Treatment Dates				
Total # of Treatments		# Missed Appointments		Reason:

Initial Diagnosis:	Present Diagnosis:

Describe Injury History ***(Initial Assessment Only)*** /Current Subjective Status:

Initial Objective Findings:	Current Objective Findings:

Goals	Treatment Plan	Time Frames

☐ Education/Home Program Provided

Recommended Work Status:	☐ Full Duties	☐ Not Able	☐ Ease back	☐ Modified Duties
Conflicting Circumstances:	☐ None	☐ Compliance	☐ Other	
	Explain:			

Chiropractor's Signature: _____	EXPECTED RETURN TO WORK DATE:
Date: _____	