

# Primary Chiropractor Discharge Report



## FORM INSTRUCTIONS

- To fill out the document once opened just click on the desired field and enter the information accordingly (you may toggle between highlight existing fields for easier view)
- To save the filled document by hitting "save as" and saving it to wherever necessary
- If you need to re-do the form or re-start Click Tools > Forms > More Form Options > Clear Form
- To print the document once the information is entered click the Print icon or File>Print

Date: <i>(mm/dd/yy)</i>	PIR: <i>Last Name, First Initial</i>
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Customer Information	Practitioner Information	
Claim Number	SGI Payee Number	
Date of Accident <i>(mm/dd/yy)</i>	First Name	
First Name	Last Name	
Last Name	Clinic/Facility Name	
Date of Birth <i>(mm/dd/yy)</i>	Address	
Gender <i>(Choose One)</i>	City	
Health Card Number	Province	Postal Code
	Telephone Number	
Signature of Practitioner		By checking this box I verify this as my identity/signature

### Section 1: Reason for Discharge

Date Treatment Ended <i>(mm/dd/yy)</i>			
Reason for Discharge <i>(Choose which applies)</i>	Client transferred to multidisciplinary care	Condition Resolved	Plateaued Function
	Other		

### Section 2: Outcome Measures Use (Must provide a minimum of 1 Measure)

*(It is mandatory to use the instruments described below. Please include the raw score for the initial measure when providing the information about the self-report measure)*

Roland Morris	QD Work Module	NDI	LEFS	VAS
Oswestry	COVS	TUG	Other	

### Section 3: Outcome Code

*(Choose only one)*

Code 1 = Discharged without restrictions – returned to work/ADL
Code 2 = Discharged without restrictions – did not return to work/ADL
Code 4 = Discharged with restrictions – returned to work/ ADL
Code 5 = Discharged with restrictions – did not return to work/ ADL
Code 6 = Did not complete program
Reason why the program was not completed:

### Section 4: Program Results (in functional terms and Residual Objective Findings)

*(Be as specific as possible)*

<b>Section 5: Special Restrictions/Conditions on Return to Normal Activity</b>
None

### Section 6: Issues that may affect full Return to Normal Activity

None
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<b>Section 7: Further treatment/management/comments?</b>	
No	Yes (Explain)

CC to: