Health2Work

OW ID#	

DATE OF ASSESSMENT:		REASON FOR REPORT:	☐ Initial Assessment ☐ Re-assessment

Chiropractor Information

Chiropractor Name	Clinic Name

Address

E-mail	Phone

Client Information

First Name	Last Name

DOB (mm/dd/yyyy)	Phone	Gender

Address

History

Onset:
- ☐ Sudden
- ☐ Insidious
- ☐ Progressive

Pain:
- ☐ Constant
- ☐ Intermittent
- ☐ Sharp
- ☐ Dull Ache
- ☐ Localized
- ☐ Radiating

Region:
- ☐ Head
- ☐ Neck
- ☐ Thoracic
- ☐ Lumbar
- ☐ Pelvis
- ☐ Extremity-upper
- ☐ Extremity-Lower

Other notes:

Ontario Chiropractic Association

Langs

Physical Exam
Range of Motion :
Orthopedic:
Neurological:

Results of questionnaires and other tests (for re-assessment please provide previous & current ratings). Questionnaires may include: Visual Analogue Scale, Oswestry, Neck Disability Index
Visual Analogue Scale:
Oswestry:
Neck Disability Index:

Diagnosis/Clinical Impression:

Red Flags		Yellow Flags	
Neurological	☐	Belief that pain is harmful	☐
Infection	☐	Activity Avoidance	☐
Fracture	☐	Low Mood	☐
Trauma	☐	Social Withdrawl	☐
Inflammation	☐	Prefer Passive Treatment	☐

Trial Chiropractic Care:

of visits: (Max 10) ____ Estimated timeline: ____

Recommended POM:

- ☐ Exercise
- ☐ Education/self-management
- ☐ Manual Therapy
- ☐ Modalities
- ☐ Referral
- ☐ Other

Notes:

If re-assessment, please comment on compliance:

1. Did the patient follow the chiropractic care plan (number/ frequency of visits)?

   ☐ Yes ☐ No ☐ Other

2. Did the patient report engaging in the self-management plan?

   ☐ Yes ☐ Partially ☐ No ☐ Other

3. Did the DC engage the caseworker to help follow-up re: compliance?

   ☐ Yes ☐ No ☐ Other

4. Do you feel that low or non-compliance impacted patient outcomes?

   ☐ Yes ☐ Partially ☐ No ☐ Other

Is this patient receiving care from any other providers for this complaint?

	Yes	No

Notes:

Additional Comments:

Prognosis:

☐ Excellent ☐ Favourable ☐ Guarded ☐ Poor

Signature of chiropractor

Date

Lead Chiropractor's Comments:

Please send completed form to the Lead Chiropractor and Tammy Ingrao, Branch Program Assistant, Region of Waterloo **(tingrao@regionofwaterloo.ca)**

Approval

☐ POM approved ☐ POM declined ☐ Extension Approved ☐ Not eligible

Signature of lead chiropractor

Date