



North Dakota Workforce
Safety & Insurance

**CHIROPRACTIC
PROGRESS / FINAL
REPORT**

CLAIMS DIVISION
SFN 53147 (08/2014)

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TELEPHONE 1-800-777-5033
Toll Free Fax 1-888-786-8695
TTY (hearing impaired) 1-800-366-6888
Fraud and Safety Hotline 1-800-243-3331
www.WorkforceSafety.com

PLEASE PRINT OR TYPE USING BLACK OR BLUE INK

PLEASE COMPLETE AND RETURN THIS FORM PROMPTLY

Claim Number	Social Security Number*	Injury Date	Birth Date	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Area of Injury					
Injured Worker's Name			Employer Name		
Address			Address		
City	State	Zip Code	City	State	Zip Code

PLEASE COMPLETE THIS SECTION IN FULL

Date of examination on which report is based	Will worker be seen again? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, When?
Any treatment since last report <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe	
Was worker referred to a specialist? <input type="checkbox"/> Yes <input type="checkbox"/> No	Give name	When
Has worker returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes give date	
Was recovery complete, maximum medical improvement reached? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date If no, explain below	Date of discharge from care
Will any permanent impairment result? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
If there is permanent impairment, is it at least 14% whole body according to the current edition of <i>AMA Guides to the Evaluation of Permanent Impairment</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe completely the worker's condition. (include any other pertinent information)		
Current Activity Restrictions:		
Diagnosis/Condition based upon objective medical findings:		
Diagnosis Code		

Doctor's Name	Federal Tax ID	
Address	Telephone Number	
City	State	Zip Code
Doctor's Signature	Date	

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* In compliance with the Federal Privacy Act of 1974, disclosure of the social security number on this form is mandatory pursuant to N.D.C.C. 65-05-02. The social security number is used for identification and verification purposes. Failure to provide this information may result in a delay in processing your request.