

**Send this form to the
appropriate insurer:**

Fax # () -

Progress Report (Form NS-3)

Use this form for accidents that occur on or after April 1, 2013.

**This part to be completed by the claimant or their representative or a Primary
Health Care Practitioner**

Insurance Company

Policy Number:

Date of Accident:
(DD MM YYYY)

Part 1 Claimant Information

Last Name

First Name

Date Of Birth (DDMMYYYY)

Date of Initial Assessment (DDMMYYYY)

Part 2 Information of Primary Health Care Practitioner

Name of Professional (Please Print)

Profession

Address

City, town or county

Province

Postal Code

Administrative Contact Name

Facility Name

Telephone Number (Include area code)

Fax Number (Include area code)

Part 3 Therapy Status Report

Diagnosis:

Key Subjective and Physical Examination Findings:

Functional Goals:

1.

2.

3.

Progress towards goals

☐

Regressed

☐

Improved minimally

☐

Improved significantly

☐

Resolved

☐

Plateaued

☐

Other (please describe)

Part 4 Signature of Primary Health Care Practitioner

Name (Please Print) _____

Signature _____ Date _____

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