Manitoba Public Insurance

INITIAL - OPIOID MANAGEMENT REPORT

IMPR

Claim # _____

Patient Information

Last Name	First Name	Address		
City	Province	Postal Code	Date of Birth YYYY MM DD	PHIN

Examination Findings and Diagnosis

Exam Date YYYY MM DD

Symptoms and examination findings:

What diagnosis accounts for your patient's pain?

Does this current condition pose a safety risk to operating a motor vehicle? ☐ Yes ☐ No

Pain Scale

Please indicate your patient's average reported level of pain during the past week:

No Pain ❑0 ❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9 ❑10 Pain as bad as it can be.

Activities of Daily Living

Please indicate the patient's reported level of function and ability:	Please check a box for each item below:
1. Function at home	Poor ❑0 ❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9 ❑10 Normal
2. Function at work	❑0 ❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9 ❑10
3. Walking ability	❑0 ❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9 ❑10
4. Sleeping ability	❑0 ❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9 ❑10
5. Overall function	❑0 ❑1 ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9 ❑10

Opioid Risk Assessment

Opioid Risk Tool (ORT) completed ☐ Yes ☐ No	ORT score: _____	DO NOT forward the completed ORT questionnaire

Opioid Treatment Agreement

Opioid Treatment Agreement completed ☐ Yes ☐ No (Please send a copy of the Opioid Treatment Agreement to MPI with this form)

Current Medications and Dosages (including new prescriptions)

Medication Name	Strength (mg)	Frequency	Duration

Work Capabilities

Will Patient be disabled from work beyond Injury date? ☐ Yes ☐ No	Can the Patient return to regular duties? ☐ Yes ☐ No Unknown at time of examination ☐	Return Date YYYY MM DD
Is Patient capable of alternate or modified work? If yes, outline restrictions: ☐ Yes ☐ No		Duration of restrictions

Treatment Plan (include further investigations/consultations)

	Date of Next Visit YYYY MM DD

Physician Information

Clinic Name			Physician Name	MPI Registered Account #
Address			Physician Signature	Today's Date YYYY MM DD
City	Prov.	Postal Code	Phone	Fax

Rev 1/16/17

If you wish to discuss this patient with a member of Health Care Services, please phone 204-985-8770 ext 7395