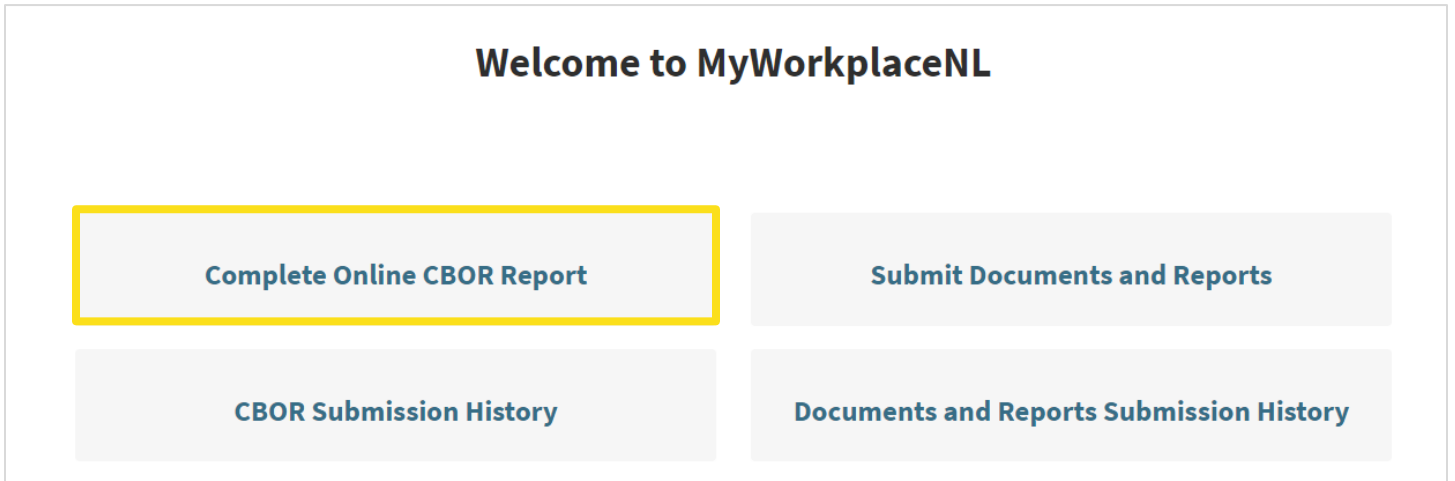


Completing a Clinic-Based Occupational Rehabilitation (CBOR) Report

To submit a CBOR Report, log in to MyWorkplaceNL and select **Complete Online CBOR Report**.



Start by selecting the report type: **Initial**, **Progress**, or **Discharge** and enter the mandatory assessment date(s) as indicated by the type of report selected.

You can access additional information about completing a CBOR Report by clicking the link in the introductory section to open WorkplaceNL's CBOR Report Guidelines.

The screenshot shows the "Clinic-Based Occupational Rehabilitation (CBOR)" reporting form. At the top, there is a breadcrumb trail: Home > Services Categories > Submit Documents and Reports >. A search bar is located on the right. The main heading is "Clinic-Based Occupational Rehabilitation (CBOR)" with the subtext "Complete an online initial, progress or discharge report." Below this is a large icon with the text "CBOR" and a checkmark. To the right of the icon, there is a description of the report and a link: "Click here for additional information about completing this form." Below the description, there is a "Submit" button. On the right side, there is a "Required information" section with a scrollable list of fields: "Select the type of report being submitted:", "Initial assessment date", "PO number", "Claim number", "First name", and "Last name". At the bottom, there is a "CBOR Reporting" section with a legend: "* Indicates required". Below the legend, there are three radio buttons for "Initial", "Progress", and "Discharge". To the right of the legend, there are three date input fields: "* Initial assessment date", "Progress assessment date", and "Discharge assessment date", each with a calendar icon. The "Initial assessment date" field is highlighted with a yellow border.

For all types of CBOR reports, you are required to complete the **Client Information, Summary, Plan and Vendor Information** sections. If you select **Progress** or **Discharge**, those mandatory sections will also appear. The required fields vary slightly between each report type.

To start, complete the **Client Information** section. To add **Targeted Tolerances**, click **Add**.

CLIENT INFORMATION

*** PO number**

*** Claim number**

*** First name**

*** Last name**

*** Occupation targeted in CBOR**

*** Date referral received**

*** Targeted tolerances**

Add

Remove All

Actions	Targeted tolerance	Initial status	Progress status	Discharge status	Targeted CBOR goals
No data to display					

In the **Add Row** pop-up box, select the **Targeted tolerance** from the drop-down list. Complete the remaining fields as required by the targeted tolerance selected, then click **Add**.

Add Row

*** Targeted tolerance**

-- None --

*** Initial status** ⓘ

Frequency Rating	Code	8hrs shift
Not Able	NA	0
Seldom - not daily	S	0
Minor - 0-10% of Shift	M	<1
Occasional 11-33% of shift (1-2 hours)	O	1-2 hrs
Frequent 34-66% of shift (2.5-5 hours)	F	2.5-5 hrs
Constant 67-100% of shift (>5 hours)	C	> 5 hrs

EXAMPLE: M-30 O-50 F-10

Progress status

Discharge status

*** Targeted CBOR goals**

Cancel

Add

The **Targeted tolerance** entered will display in the **Targeted tolerance summary table**. You can repeat this process to add as many targeted tolerances as needed.

In the **Actions** column, select the pencil icon to **edit** the targeted tolerance information or select the X to **delete** the row.

Example of Targeted tolerances summary table for an Initial report:

* Targeted tolerances

Actions	Targeted tolerance	Initial status	Progress status	Discharge status	Targeted CBOR goals
	Lifting horizontal (lbs)	M 10lbs			M 10lbs
	Standing	O			F
	Sitting	O			O
	Turning/Twisting	M Partial			O
	Walking	M-O			F
	Climbing ladders	NA			M

Next, complete the **Summary** section with the required information.

SUMMARY (to be completed for all Initial, Progress and Discharge Reports)

* Degree of strenuousness (NOC)

* Estimated workday tolerance

* List of physical restrictions

If you selected a **Progress** Report this section will appear next. Complete the required information to move to the **Plan** section. If you selected **Initial** or **Discharge**, you will skip to the **Plan** section.

PROGRESS

* Number of weeks since start of CBOR program

* Number of CBOR sessions attended to date

* Number of CBOR sessions missed to date

* Are you recommending continuation of CBOR?
 Yes
 No

* Will the worker need an extension to the original CBOR plan?
 Yes
 No

To complete the **Plan** section, click **Add** to include the details for each week of the Plan.

PLAN

* Plan Weeks

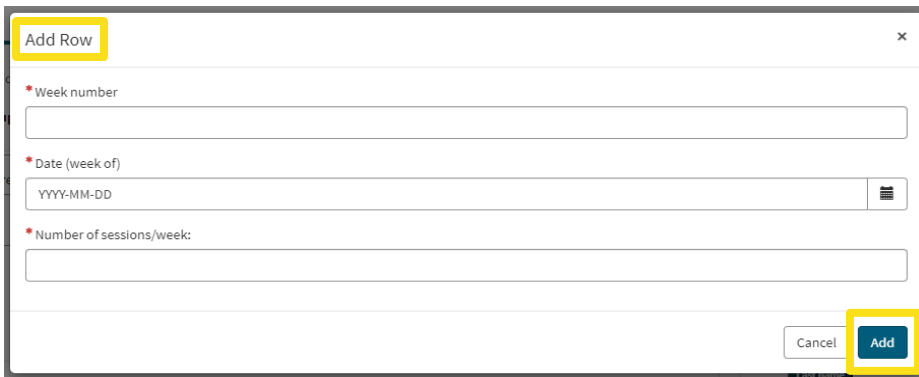
Actions	Week number	Date (week of)	Number of sessions/week:
No data to display			

* Original targeted completion date

Revised targeted completion date

* Comments

In the **Add Row** pop-up box, complete the fields for a specific week, or weeks, of the plan then click **Add**.



The Plan Weeks details will be displayed in the **Plan Weeks Summary table**. You can repeat this process to add as many Plan Weeks as needed.





In the **Actions** column, select the pencil icon to **edit** the plan information or select the X to **delete** the row.

Example of Plan Weeks summary table for an Initial report:

PLAN

* Plan Weeks

Add Remove All

Actions	Week number	Date (week of)	Number of sessions/week:
 	1	2024-06-03	3
 	2	2024-06-10	2

If you selected a **Discharge** Report this section will appear next. Complete the required information to move to the **Attachments** section. If you selected **Initial** or **Progress**, you will skip to the **Attachments** section.

DISCHARGE

* Total number of sessions completed

* Total number of weeks

Next, complete the **Vendor Information** section.

VENDOR INFORMATION	
* Vendor number	* Clinic name
<input type="text"/>	<input type="text"/>
* Licensed practitioner first name	* Licensed practitioner last name
<input type="text"/>	<input type="text"/>
* Licensed practitioner number	* Treatment site
<input type="text"/>	<input type="text"/>
* Email	* Phone
<input type="text"/>	<input type="text"/>

Once all sections are complete, enter your **Full Name** in the designated field to confirm the information provided is accurate and true.


By submitting electronically, I acknowledge and accept that by typing my name below, it is considered my legal signature and I consent to it being used as such.

* Full Name	Date
<input type="text"/>	<input type="text" value="2024-08-30"/>

Then, click **Submit**.

Clinic-Based Occupational Rehabilitation (CBOR)

Complete an online initial, progress or discharge report.



Complete an online initial, progress or discharge report on a clinic-based occupational rehabilitation program designed to address an injured worker's physical capacity and function as it relates to their job demands.

[Click here for additional information about completing this form.](#)

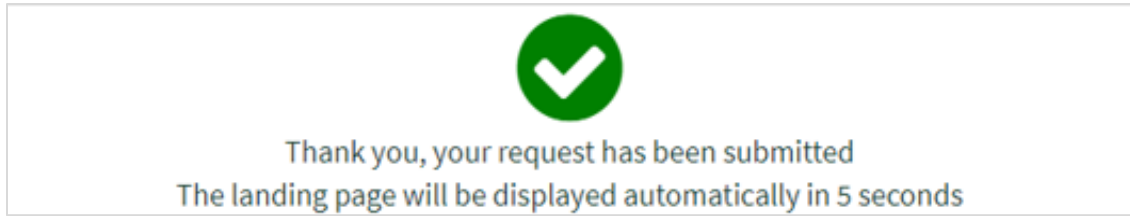
Partially completed reports are automatically saved for 48 hours. To retrieve your report, return to this page and select "OK" when asked if you wish to continue using a previous incomplete form.

Submit

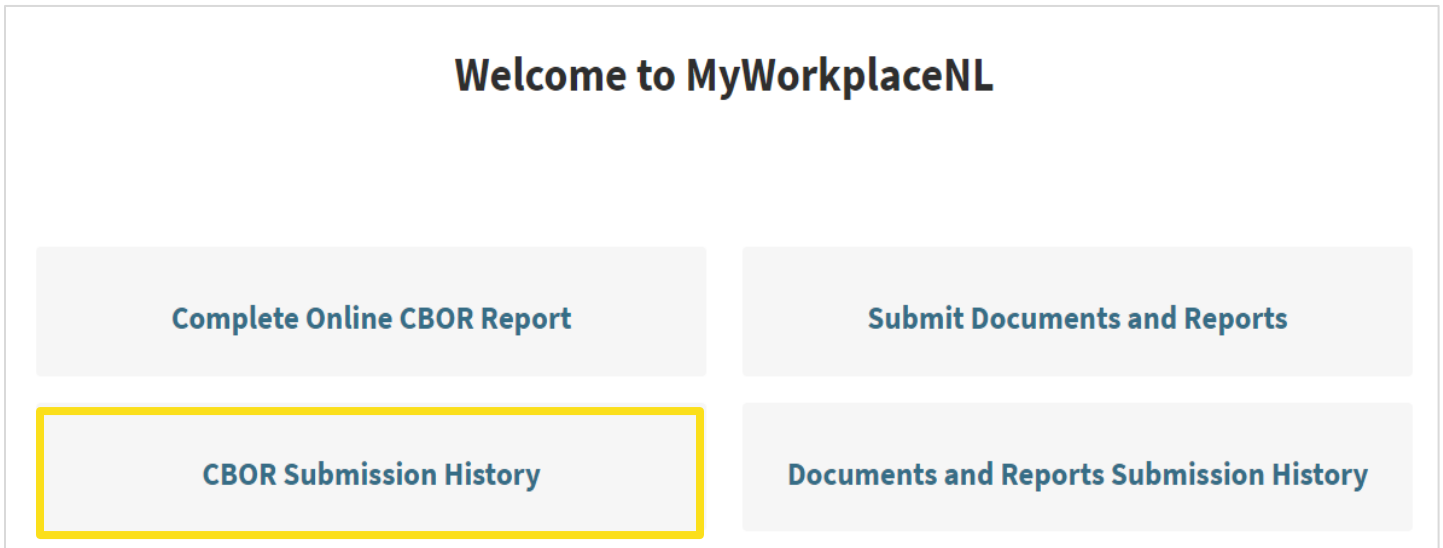
Required information

- Initial assessment date
- Discharge assessment date
- PO number
- Claim number
- First name

Upon submission, a confirmation screen will display and you are then redirected to the landing page.



You can view submitted CBOR Reports by selecting **CBOR Submission History**.



The CBOR Submission History will display the reference information. Click the **reference number** to automatically download a PDF version of a submitted CBOR Report.

Forms listed below have been successfully received by WorkplaceNL. Please do not resubmit by mail, email or fax.

Requested Items		
Number	Short description	Created ▼
RITM0021556	Clinic-Based Occupational Rehabilitation (CBOR)	2024-08-29 02:23:07 PM

< > Rows 1 - 1 of 1

If you have questions or require assistance with submitting a Clinic-Based Occupational Rehabilitation (CBOR) Report, contact us by calling 1.800.563.9000, or email us at info@workplacenl.ca