



CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
Date of initial referral (yyyy-mm-dd)	Date of service (discharge date) (yyyy-mm-dd)	Date of this report (yyyy-mm-dd)	
Claim accepted for		Claim not accepted for	

Current status

Subjective reports
Objective findings (updates re: ROM, orthopaedic, neurological, additional information)
Activities of daily living — functional limitations (provide update re: status as per 83D44 attachment)
Productivity
Other
Analysis

Occupational therapy plan and goals

Provide update re: status of long-term and short-term goals. For maintenance plans specify recommended Home Care involvement including frequency of visits required.
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Provider information

Provider/business name	Provider phone number (include area code)
Name of Occupational Therapist	Provider fax number (include area code)

I declare that the above information is true and correct to the best of my knowledge.

Signature	Date (yyyy-mm-dd)
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Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

