



When filling in the form, please PRINT and FAX to the number below.

This is to advise the WorkSafeBC officers that the following worker has started physiotherapy treatment.

CLAIMS CALL CENTRE

Phone 604 231-8888

Toll-free 1 888 967-5377

FAX

604 233-9777

Toll-free 1 888 922-8807

Worker information

Worker last name	First name	Middle initial
Personal health number or birth date (yyyy-mm-dd)		WorkSafeBC claim number

Clinical status

Date of service (initial visit date) (yyyy-mm-dd)	Date of report (yyyy-mm-dd)	Date of injury (yyyy-mm-dd)
Referring physician's name	Is worker currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Injury recorded on claim (area of injury and diagnosis)		

Assessment outcome

Initiate physiotherapy treatment <input type="checkbox"/>	Physiotherapy treatment not indicated <input type="checkbox"/>
Please contact the WorkSafeBC officer to discuss your findings	

Provider information

Physiotherapist's name	Practitioner number	Clinic payee number
Clinic name	Physiotherapist's mailing address	
Clinic phone number (please include area code)		
Clinic fax number (please include area code)		

Please visit the WorkSafeBC Health Care Providers web site for information on physiotherapy services at:
www.worksafebc.com/health_care_providers/health_care_practitioners/physiotherapists/

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.

