



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

CLAIMS CALL CENTRE

Phone 604 231-8888
Toll-free 1 888 967-5377

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 service <i>(date of referral, yyyy-mm-dd)</i>	Claim accepted for	Claim not accepted for	

Report details

Referral question
Date of this report <i>(yyyy-mm-dd)</i>

File review summary and recommendations

Worker status
Relevant interventions <i>(diagnostic and treatment)</i>





Worker last name	First name	Middle initial	WorkSafeBC claim number
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File review summary and recommendations (continued)

Analysis
Recommended plan

Provider information

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

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

Signature	Date <i>(yyyy-mm-dd)</i>
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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.