



# Tinnitus Treatment Services Progress Report

| Progress report is due within | 7 | business | days | of | each |
|-------------------------------|---|----------|------|----|------|
| appointment.                  |   |          |      |    |      |

| Date of report (yyyy-mm-dd) | Date of service (yyyy-mm-dd) |
|-----------------------------|------------------------------|
|                             |                              |

## Worker's information

| Worker's last name         | First name                | Middle initial      | WorkSafeBC claim number |
|----------------------------|---------------------------|---------------------|-------------------------|
| Hearing aid make and model | Hearing aid serial number | Hearing aid fit dat | t <b>e</b> (yyyy-mm-dd) |

## **Progress report** (must be completed for all in-person and telehealth appointments)

| List all appointments (include dates of in-person, telehealth, or group treatment, rescheduled appointments, and cancellations)          |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                                          |  |  |  |
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|                                                                                                                                          |  |  |  |
| Clinical changes since last appointment (if applicable)                                                                                  |  |  |  |
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|                                                                                                                                          |  |  |  |
|                                                                                                                                          |  |  |  |
| Summary of scheduled visit                                                                                                               |  |  |  |
| Summary of scheduled visit                                                                                                               |  |  |  |
|                                                                                                                                          |  |  |  |
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|                                                                                                                                          |  |  |  |
| Level and nature of participation to date                                                                                                |  |  |  |
|                                                                                                                                          |  |  |  |
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|                                                                                                                                          |  |  |  |
|                                                                                                                                          |  |  |  |
|                                                                                                                                          |  |  |  |
| Recovery and return-to-work factors (if applicable, outline outstanding considerations such as excessive noise conditions at work, etc.) |  |  |  |
| Recovery and return-to-work factors (ir applicable, outline outstanding considerations such as excessive noise conditions at work, etc.) |  |  |  |
|                                                                                                                                          |  |  |  |
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# **Tinnitus Treatment Services**

**Progress Report** 

| Worker's last name | First name | Middle initial | WorkSafeBC claim number |  |
|--------------------|------------|----------------|-------------------------|--|
|                    |            |                |                         |  |
|                    |            |                |                         |  |

Other relevant information

#### Self-reported measures

Tinnitus Handicap Inventory (THI) score (if applicable)

Other self-reported measures (if applicable)

#### **Pre-authorization request**

Request for extension of Tinnitus Treatment Services (include number of sessions requested and evidence/rationale to support the continued need for treatment)

Request for hearing aids/combination devices, sound generators, and/or accessories >\$200.00 (include clinical rationale, benefits to the worker, and quote for devices from the manufacturer)

#### **Clinic's information**

| Clinic             |                         |          |             | Payee number |
|--------------------|-------------------------|----------|-------------|--------------|
| Mailing address    |                         |          |             |              |
| City               |                         | Province | Postal code | Phone number |
| Audiologist's name | Audiologist's signature |          | Fax number  |              |
|                    |                         |          |             |              |

#### **Claims Call Centre**

Fax

Phone 604.231.8888 Toll-free 1.888.967.5377 M–F, 8 a.m. to 6 p.m.

604.233.9777 Toll-free 1.888.922.8807

### Mail

WorkSafeBC PO Box 4700 Stn Terminal Vancouver BC V6B 1J1





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| Worker's last name | First name | Middle initial | WorkSafeBC claim number |
|--------------------|------------|----------------|-------------------------|
|                    |            |                |                         |

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