



# 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)			
Clinical changes since last appointment (if applicable)			
Summary of scheduled visit			
Summary of scheduled visit			
Level and nature of participation to date			
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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**Progress Report** 

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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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WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.