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| --- | --- | --- |
|  |  | Integrated Care Program (ICP) Pilot Graduated Return-to-Work (GRTW) Monitoring and Discharge Report |

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Number of pages submitted  2 |

Report

|  |  |
| --- | --- |
| Date of discharge (yyyy-mm-dd) | Date of report (yyyy-mm-dd)    Report due within three days of discharge date |

Worker and claim information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worker’s last name | First name | | Middle initial | WorkSafeBC claim number |
| Date of injury (yyyy-mm-dd) | | Claim owner’s name and job title | | |
| Area(s) and nature of injury accepted on this claim | | | | |
| Attendance        day(s) worked out of       days scheduled | | | | |
| Absences, if applicable (include date[s] and reasons for absence[s]) | | | | |
| Level and nature of participation to date | | | | |

Status of GRTW Plan

|  |  |  |
| --- | --- | --- |
| GRTW start date (yyyy-mm-dd) | GRTW end date (yyyy-mm-dd) | Length of GRTW Plan        weeks |
| RTW summary (current work hours and duties; demonstrated ability and tolerance for critical job demands) | | |
| Employer comments on RTW status | | |
| Outstanding RTW factors (if applicable) | | |

Conclusions and recommendations

|  |
| --- |
| Discharge status |
| RTW considerations (if applicable) |

Employer and job information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company’s name | | | | |
| Jobsite address | | City | Province | Postal code |
| Company’s phone number | | Fax number | | |
| Contact’s name | Contact’s job title | | | |
| Contact’s phone number | Worker’s occupation | | | |
| Contact’s email address (optional) | | | | |

Provider’s information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company’s name | | | Payee number | |
| Company’s phone number | Fax number | | | |
| Contact’s name | Contact’s direct extension or phone number (if applicable) | | | |
| Mailing address | City | Province | | Postal code |
| Contact’s email address (optional) | | | | |

Report prepared by

|  |
| --- |
| Name(s) and professional designation(s) of report writer(s) |
| Signature(s) of writer(s) |

|  |  |  |
| --- | --- | --- |
| **Claims Call Centre** Phone 604.231.8888 Toll-free 1.888.967.5377 M–F, 8 a.m. to 6 p.m. | **Fax**  604.233.9777 Toll-free 1.888.922.8807 | **Mail** WorkSafeBC PO Box 4700 Stn Terminal Vancouver BC V6B 1J1 |
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