RESET

Extension Of Chiropractic Treatment Request — Extenuating Circumstances

Submit this form to request an extension of chiropractic treatment. It must be submitted at the 6th week of an 8 week treatment block or one week from the end of an approved extension.

Date of report (yyyy-mm-dd)

Worker information

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

Date of birth (yyyy-mm-dd)	Personal health number (BC Services Card/CareCard)

Injury information

Date of injury (yyyy-mm-dd)	ICD9 code (as reported via 8C/11C)	Is worker currently working?	If yes, please select one
		☐ Yes ☐ No	☐ Full duties ☐ Modified duties

Treatment information

Date of first visit (yyyy-mm-dd)	Number and dates of treatments including first visit (yyyy-mm-dd)

Description of treatment provided to date

Has there been any improvement in condition?

☐ Yes ☐ No Please explain

Clinical information

Explain why this patient has not reached maximum medical improvement, and what objective clinical findings substantiate extenuating circumstances

Explain why this patient has not completed treatment in the normally anticipated timeframe.

Co-morbidity: Are there other conditions affecting recovery?

☐ Yes ☐ No Please explain

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

Provide additional clinical information which may assist with approval of further treatment

Proposed treatment information

Proposed treatment	Proposed number of treatments

Start date of proposed treatment (after initial eight weeks) (yyyy-mm-dd)	End date of proposed treatment (after initial eight weeks) (yyyy-mm-dd)

Is the worker expected to return to work following additional treatment?	If no, will the worker be ready for a rehabilitation program?
☐ Yes ☐ No ☐ Currently at work	☐ Yes ☐ No

If yes or currently at work, please select all that apply

☐ Full time ☐ Part time ☐ Modified duties ☐ Full duties

Provider's information

Clinic name	Fax number	Payee number

Address	City	Province	Postal code

Phone number	Chiropractor name

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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