# 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.

## 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

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

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|---|---|---|---|
| | | | |

## 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 (include area code) | Payee number |
|---|---|---|---|
| Address | City | Province | Postal code |
| | | | |
| Phone number (include area code) | 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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