



► **Important — See reverse of form for submission criteria.**

Select one only	<input type="checkbox"/> Nurse practitioner's first report (form 8NP) Submit following the worker's first visit to your office/facility.	<input type="checkbox"/> Nurse practitioner's progress report (form 11NP) Required if the worker's condition or treatment has changed since last report or if the worker is ready for return to work.
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Date of service (yyyy-mm-dd)	Date of birth (yyyy-mm-dd)	WorkSafeBC claim number	
Employer's name	Worker's last name		
Employer's telephone number (must include area code)	First name	Middle initial	Gender
Operating location address	Mailing address (include postal code)		
Date of injury or when patient was first treated for this condition (yyyy-mm-dd)	Worker's contact telephone number (must include area code)		
Who rendered first treatment?	Worker's personal health number from BC CareCard		
Are you the worker's regular practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long has the worker been your patient? <input type="checkbox"/> 0–6 months <input type="checkbox"/> 7–12 months <input type="checkbox"/> > 1 year			
Are there prior or other problems affecting injury, recovery, and disability?			
From injury or last report, has the worker been disabled from work?		If yes, as of what date? (yyyy-mm-dd)	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the worker receiving other concurrent treatments?		If yes, select	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Physiotherapy <input type="checkbox"/> Massage therapy <input type="checkbox"/> Other	

Injury codes and descriptions

Diagnosis (text)		
CSA BP/AP (code)	CSA NOI (code)	ICD9 (code)

Clinical information

What happened? Subjective Sx, examination, X-rays used in investigations, treatment types (i.e., techniques and modalities) being used and frequency, specialists consult?
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Return-to-work planning

Is the worker now medically capable of working full duties, full time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what are the current physical and/or psychological restrictions?	
Estimated time before the worker will be able to return to the workplace in any capacity <input type="checkbox"/> Currently at work <input type="checkbox"/> 1–6 days <input type="checkbox"/> 7–13 days <input type="checkbox"/> 14–20 days <input type="checkbox"/> > 20 days	
If appropriate, is the worker now ready for a rehabilitation program? If yes, select one <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Work Conditioning Program <input type="checkbox"/> Other	
Do you wish to consult with a WorkSafeBC physician, psychologist, chiropractic consultant, or nurse advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If possible, please estimate date of maximal medical recovery (full recovery or best possible recovery yyyy-mm-dd)	

Payee number	Practitioner number
Payee name	Practitioner name

The *Workers Compensation Act* requires that the Nurse Practitioner's First Report (form 8NP), containing all the information requested, shall be furnished to WorkSafeBC within **three (3) days** after the date of first attendance to the worker.

In the case of a follow-up visit, submit only (form 11NP):

1. If the worker's condition or treatment has changed since the last report or if the worker is ready for return to work
2. It is not necessary to answer the following questions if completing a report for a follow-up visit (form 11NP)
 - Are you the worker's regular practitioner? If yes, how long has the worker been your patient?
 - Who rendered first treatment?

In all other cases, only your practitioner account for procedures or visit is required.

Completed practitioner reports (paper versions) should be **faxed** to:

Lower Mainland 604.233.9777
Toll-free 1.888.922.8807

Or **mailed** to: WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

For claim/claimant inquiries, contact:

Call Centre 604.231.8888 or toll-free 1.888.967.5377

For invoice inquiries, contact Payment Services:

Lower Mainland 604.276.3085
Toll-free 1.888.422.2228

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 freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

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Nurse practitioner office use only