



# Tinnitus Treatment Services

## Discharge Report

Discharge report is due within 7 business days of final treatment 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 date (yyyy-mm-dd)	

### Discharge report

<p>Reason for discharge (check all that apply)</p> <p><input type="checkbox"/> Symptoms have stabilized to the extent that no significant change is anticipated in the next 12 months</p> <p><input type="checkbox"/> Completion of 8 treatment sessions (and any applicable extensions)</p> <p><input type="checkbox"/> Expiration of 2-year treatment period</p> <p><input type="checkbox"/> Injured worker has withdrawn from treatment</p> <p><input type="checkbox"/> Other (please specify)</p>
<p>Audiologic/tinnitus reassessment results (attach audiogram, if applicable)</p>
<p>Summary of scheduled visit including treatment outcome (if applicable)</p>
<p>Clinical changes since last appointment (if applicable)</p>



# Tinnitus Treatment Services

## Discharge Report

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

Recovery and return-to-work factors (if applicable, outline outstanding considerations such as excessive noise conditions at work, etc.)

Participation days (include dates of in-person, telehealth, or group treatment; rescheduled appointments; and cancellations)

Other relevant information

### Self-reported measures

Tinnitus Handicap Inventory (THI) score (the THI score is mandatory for this report)

Other self-reported measures (if applicable)

### Clinic's information

Clinic			Payee number
Mailing address			
City	Province	Postal code	Phone number
Audiologist's name	Audiologist's signature		Fax number



# Tinnitus Treatment Services

## Discharge Report

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

**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

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](mailto:FIPP@worksafebc.com), or call 604.279.8171.