



Tinnitus Treatment Services

Initial Assessment Report

Initial assessment report is due within 7 business days of the initial assessment.

Date of report (yyyy-mm-dd)

Date of assessment (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)	

History

Medical and audiological history
Relevant employment history

Self-reported measures

Initial Tinnitus Handicap Inventory (THI) score (the THI is mandatory for this report)
Other self-reported measures (as applicable)



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Audiologic/tinnitus assessment test results (attach audiogram, if applicable)

Clinical assessment

Symptoms (presenting symptoms, including intensity, frequency, and duration of tinnitus and other relevant audiological symptoms)
Worker's function (impact of symptoms on daily activities)
Recovery and return-to-work factors (if applicable, outline outstanding considerations such as excessive noise conditions at work, etc.)
Other relevant information (if applicable)



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Proposed treatment plan

Anticipated treatment length, individual or group treatment, frequency of appointments (in person, telehealth, or both)
Treatment goals

Pre-authorization request

Request for hearing aids/combination devices, sound generators, and/or accessories >\$200.00 (include clinical rationale, benefits to the worker, and quote for devices from the manufacturer)
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Clinic's information

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

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