

# Early Access to Physiotherapy Program (EAPP)

## Initial Physio Assessment Referral

Please send completed form to physiotherapy clinic and upload to the WorkSafeBC online services [Employer Portal](#).

To learn how to create your online services account, watch a [short video](#).

### Employer information

Date (yyyy-mm-dd)	Employer's name		
Address	City	Province	Postal code
Return-to-work coordinator's name			Phone number

### Employee information

Employee's last name	First name	WorkSafeBC claim number	Phone number
Job title	Job tasks	Email address	

Mechanism and area of injury
Limitations identified by first aid attendant
Modified duties offered
Other modified available and/or hours