

The *Workers Compensation Act* requires that a report be submitted to WorkSafeBC (the Workers' Compensation Board) within **3 days** after the worker is, in the opinion of the physician or qualified practitioner, able to resume work and, if treatment is being continued after resumption of work, to furnish further adequate reports.

WorkSafeBC claim number

Please indicate your WorkSafeBC payee number in the space allotted below.

WORKER'S LAST NAME (please print)

Mr. Ms.
Mrs. Miss

EMPLOYER'S NAME (as registered with WorkSafeBC)													First name(s)												Middle initial								
Mailing address													Mailing address																				
City						Postal code						City						Postal code															
Date of injury <small>Month Day Year</small>						Telephone number						Date of birth <small>Month Day Year</small>						Social insurance number															
Location of plant or project where this injury occurred													Worker's personal health number from BC CareCard												Telephone number								
Is worker able to return to work? YES <input type="checkbox"/> NO <input type="checkbox"/>						If YES, on what date?						CODE: O-Office V-House Visit X-X-ray C-Consultation N-Night visit																					
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
First visit and report																									A/S code		Entered by						
Subsequent house visits																									WorkSafeBC data centre use only								
Subsequent office or hospital visits																																	
Night visits																																	
Consultation																																	
X-ray (separate report to be sent forthwith to WorkSafeBC)																																	
Total \$																																	
1. On what date did you last see worker and discharge worker from care?																																	
2. Please state worker's condition on date of discharge																																	
3. Was worker then in a fit condition to resume usual employment? YES <input type="checkbox"/> NO <input type="checkbox"/>																																	
4. If not, to what extent was worker able to work?																																	
5. Please state nature and extent of any permanent disability resulting from the injury																																	
6. Did you give worker any specific instructions regarding capacity for work on discharge? If so, what were they?																																	
7. What is your final diagnosis in this case? Please use reverse side of this report.																																	
8. Remarks and condition on discharge																																	
MAXIMUM 8-WEEK THERAPY – EXTENSION REQUIRES WORKSAFEBC APPROVAL																																	
I declare that the above is a correct statement of services personally rendered by me, and that the fees are not more than would be properly and reasonably charged if the worker were paying the account.																																	
Stamp or type name and address of Naturopathic Physician and personally sign.													Mailing address												Postal code								
													Payee number												Telephone number								
													Signature of Naturopathic Physician												Date								

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Worker's last name	First name	Middle initial	Social insurance number	WorkSafeBC (WCB) claim number
				Worker's personal health number from BC CareCard

Additional information

Completed Practitioner Reports (paper versions) should be sent by facsimile (fax) to:

Lower Mainland
Toll-free

Fax 604 276-3195
Fax 1 888 922-3299

or by mail to:

WorkSafeBC
PO Box 94460 Stn Main
Richmond BC V6Y 2V6

For claim/claimant inquiries, contact:

Call Centre
Occupational Disease Services

604 231-8888 or toll-free 1 888 967-5377
604 276-3007 or toll-free 1 888 967-5377, ext. 3007

For invoice inquiries, contact Payment Services:

Lower Mainland
Toll-free

604 276-3085
1 888 422-2228

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.