

Fax to: WorkSafeBC  
Toll-free 1 888 669-9970

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**Worker information**

|           |            |                |                         |
|-----------|------------|----------------|-------------------------|
| Last name | First name | Middle initial | WorkSafeBC claim number |
|-----------|------------|----------------|-------------------------|

**Provider information**

|                          |  |
|--------------------------|--|
| Company/provider name    | Provider phone number<br>(    )          |
| Provider mailing address | Vendor number <i>(payee number)</i>      |
|                          | Report date<br><small>yyyy-mm-dd</small> |

**Service**

- |  |   |
|--|---|
| <input type="checkbox"/> Amputee Multidisciplinary Program | <input type="checkbox"/> OR 1   |
| <input type="checkbox"/> ASTD Services                     | <input type="checkbox"/> OR 2   |
| <input type="checkbox"/> FCE                               | <input type="checkbox"/> Pain Management Program                                      |
| <input type="checkbox"/> Hand Therapy                      | <input type="checkbox"/> RTWSS  |
| <input type="checkbox"/> Head Injury Services              | <input type="checkbox"/> Sympathetically-mediated Pain Rehabilitation Services (SPRS) |
| <input type="checkbox"/> MARP Assessment Services          |   |

**Type of report (index code)**

- |  |  |
|--|--|
| <input type="checkbox"/> ASTD Medical Report (ASTDMED)                 | <input type="checkbox"/> Head Injury Treatment (HIT)                 |
| <input type="checkbox"/> MARP Intake Report (MARPAR)                   | <input type="checkbox"/> Job Site Visit Report (BSRJSVR)             |
| <input type="checkbox"/> MARP Progress Report (MARPPR)                 | <input type="checkbox"/> Job Demands Analysis Report (BSRJJDAR)      |
| <input type="checkbox"/> MARP Discharge Report (MARPDOR)               | <input type="checkbox"/> GRTW Plan or ASTD RTW Plan (BSRGRTWP)       |
| <input type="checkbox"/> Intake Report (BSRAR)                         | <input type="checkbox"/> GRTW Monitoring Report (BSRGRTWR)           |
| <input type="checkbox"/> Progress Report (BSRPR)                       | <input type="checkbox"/> FCE Report (FCE)                            |
| <input type="checkbox"/> Discharge Report (BSRDR)                      | <input type="checkbox"/> Other <i>(please specify)</i> (BSRR): _____ |
| <input type="checkbox"/> Physician Report (BSRR)                       | _____  |
| <input type="checkbox"/> Psychologist/Clinical Counselor Report (BSRR) |  |

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