

HEAD INJURY ASSESSMENT AND TREATMENT SERVICES REFERRAL CONFIRMATION

Please complete this form in full and fax to WorkSafeBC at **604 214-5498** or toll-free at **1 888 669-9970**.
If you have questions, please call Health Care Services at 604 232-7787 or toll-free 1 888 967-5377, ext. 7787.

Worker information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Date of referral <small>yyyy-mm-dd</small>	Name of referring Board officer		

Services

Assessments			
Concussion screening clinic	<input type="checkbox"/>	Cognitive screen	<input type="checkbox"/>
Comprehensive neuropsychological assessment	<input type="checkbox"/>	Neuro-occupational therapy assessment (three-day)	<input type="checkbox"/>
Case review	<input type="checkbox"/>	Interdisciplinary diagnostic assessment	<input type="checkbox"/>
Follow-up services			
Neuropsychological assessment follow-up	<input type="checkbox"/>	Community integration	<input type="checkbox"/>
Medical exam follow-up	<input type="checkbox"/>		
Single discipline services			
Medical exam	<input type="checkbox"/>	Functional safety assessment	<input type="checkbox"/>
Home/community based services	<input type="checkbox"/>	Home assessment	<input type="checkbox"/>
Job site visit	<input type="checkbox"/>	Facilitated work services	<input type="checkbox"/>
Psychology services	<input type="checkbox"/>	Speech and language pathology services	<input type="checkbox"/>
Physical therapy services	<input type="checkbox"/>	Vestibular rehabilitation services	<input type="checkbox"/>
Assessment, follow-up, single discipline services – appointment dates and times			
Programs			
Head Injury Assessment Services	<input type="checkbox"/>	Head Injury Treatment Services	<input type="checkbox"/>
Start date and time of program <small>yyyy-mm-dd</small>			a.m. <input type="checkbox"/>
			p.m. <input type="checkbox"/>

Provider information

Provider name	Contact name	
Provider mailing address	Provider phone number ()	Provider fax number ()
	Referring physician	

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Date: INDEX DATE