WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

COMMUNITY OCCUPATIONAL THERAPY REFERRAL CONFIRMATION

Please complete this form in full and fax to WorkSafeBC at **604 276-3195** or toll free at **1 888 922-3299**.
If you have questions, please call Health Care Services at 604 232-7787 or toll free at 1 888 967-5377, ext. 7787

Worker information

Worker's last name	First name	Middle initial	WorkSafeBC (WCB) claim number
Date of initial referral *yyyy-mm-dd*	Date of injury *yyyy-mm-dd*	Area of injury	

Services authorized

This is to confirm that an Initial Assessment has been completed and the Board officer has been contacted and has authorized the following Community Occupational Therapy Service:

Assistive technology ❒ Maintenance ❒	Treatment ❒ Time sensitive ❒	Assess only ❒
Initial Assessment Appointment date *yyyy-mm-dd*	Appointment time *hh:mm* a.m. ❒ p.m. ❒	Name of Board officer

Provider information

Provider/business name	Provider phone number ( )
Provider mailing address	Provider fax number ( )
	Clinician in contact with Board officer
	Date of contact with Board officer *yyyy-mm-dd*

Comments

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.

Date: INDEX DATE

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