

Progress Report

Discharge Report

Review date

yyyy-mm-dd

Please fax completed form to **604 276-3195** or toll-free **1 888 922-3299**.
For further information, please contact 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 (WCB) claim number
Worker's home address (<i>where service is provided</i>)			
Phone number ()		Birth date yyyy-mm-dd	

Agency information

Agency/company name	
Mailing address	
Phone number ()	Fax number ()
Contact name	Contact's phone number ()

Current services being provided

Number of hours per day	Frequency of visits per week
Brief description of services (<i>please give specific details</i>)	
Describe current status of worker	
Identify other community services being used by the worker (<i>e.g. physiotherapy, brain injury program, Meals on Wheels, LifeLine etc.</i>)	

Recommendations/plan
Last day of service (<i>if applicable</i>) yyyy-mm-dd

Date: SERVICE DATE

Additional information can be recorded on page 2.

Worker's last name	First name	WorkSafeBC (WCB) claim number
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Additional information

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: SERVICE DATE