



When filling in the form, please PRINT and FAX to the number below.

This is to advise the WorkSafeBC officers that the following worker has started physiotherapy treatment.

**HEALTH CARE SERVICES**

Phone 604 232-7787  
Toll-free 1 866 244-6404

**FAX**

604 276-3195  
Toll-free 1 888 922-3299

**Worker information**

Worker last name	First name	Middle initial
Personal health number or birth date (yyyy-mm-dd)	WorkSafeBC claim number	

**Clinical status**

Date of service (initial visit date) (yyyy-mm-dd)	Date of report (yyyy-mm-dd)	Date of injury (yyyy-mm-dd)
Referring physician's name	Is worker currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Injury recorded on claim (area of injury and diagnosis)		

**Assessment outcome**

Initiate physiotherapy treatment <input type="checkbox"/>	Physiotherapy treatment not indicated <input type="checkbox"/> Please contact the WorkSafeBC officer to discuss your findings
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**Provider information**

Physiotherapist's name	Practitioner number	Clinic payee number
Clinic name	Physiotherapist's mailing address	
Clinic phone number (please include area code)		
Clinic fax number (please include area code)		

Please visit the WorkSafeBC Health Care Providers web site for information on physiotherapy services at:  
[www.worksafebc.com/health\\_care\\_providers/health\\_care\\_practitioners/physiotherapists/](http://www.worksafebc.com/health_care_providers/health_care_practitioners/physiotherapists/)

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.