



For contact and submission details, please see page 3.

Physiotherapy report type (please check one)

Stream 1 – Standard Treatment (PS) <input type="checkbox"/>	Stream 2 – Exceptions to Standard Treatment (PE) <input type="checkbox"/>	
Stream 3 – Home Visits (PH) <input type="checkbox"/>	Stream 4 – CNS Disorder Treatments (PC) <input type="checkbox"/>	Requested (PR) <input type="checkbox"/>
Date of service (date of initial visit or date of report request yyyy-mm-dd) Not applicable for Stream 1		Date of report (yyyy-mm-dd)

Worker information

Worker last name	First name	Middle initial
Personal health number	Date of birth (yyyy-mm-dd)	
Worker's occupation	WorkSafeBC claim number	

Clinical status

Date of injury (yyyy-mm-dd)	Injury accepted on claim	Is worker currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of initial visit (yyyy-mm-dd)	Reassessment date (yyyy-mm-dd)	Number of visits to date
Initial objective findings (include specific measurements)	Current objective findings if applicable (include specific measurements)	
Critical job demands as reported by the worker (include specific measurements)	Current functional abilities related to critical job demands listed (include specific measurements)	
Factors delaying recovery		



Worker last name	First name	Middle initial	WorkSafeBC claim number
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Treatment goals

Expected improvements *(measurable objective findings and functional abilities related to critical job demands)*

Can modified or regular duties be performed concurrently with physiotherapy treatment?

Yes No Please explain _____

Expected start date _____
(yyyy-mm-dd)

Recommendations (Streams 2, 3, or 4 only)

Physiotherapy treatment <input type="checkbox"/>	Number of weeks
Start date _____ <i>(yyyy-mm-dd)</i>	Expected number of visits

Expected outcome at end of treatment

Return to pre-injury work <input type="checkbox"/>	Occupational Rehab 1 (OR1) <input type="checkbox"/>
Return to modified or alternate work <input type="checkbox"/>	Further medical investigation <input type="checkbox"/>
RTW support services (RTWSS) <input type="checkbox"/>	Other <i>(please specify)</i> <input type="checkbox"/>

Provider information

Physiotherapist's name		Practitioner number	Clinic payee number
Clinic name			Clinic phone number ()
Clinic fax number ()	Date <i>(yyyy-mm-dd)</i>	Physiotherapist's mailing address/stamp	
Signature			



Message to physiotherapist

- Physiotherapy treatment will only be paid within the period pre-authorized by WorkSafeBC.
- If the worker is not returning to full pre-injury duties, a Stream 1 report must be submitted at least five (5) business days prior to the treatment end date.
- For Streams 2, 3, and 4, the physical therapist must contact the WorkSafeBC officer at least five (5) business days prior to the end date if the expected outcome will not be achieved at the end of the treatment plan.
- If notice of approval or rejection of the treatment plan is not received within five (5) business days of submission of the Physiotherapy Report, the physiotherapist shall contact the WorkSafeBC officer. If the physiotherapist does not receive a decision and/or response from the WorkSafeBC officer within two (2) business days after contacting the WorkSafeBC officer, the physiotherapist will leave a message for the WorkSafeBC officer at the WorkSafeBC Claims Call Centre, 604 231-8888 or toll-free 1 888 967-5377. The physiotherapist may start the initial treatment plan until communication is received from the WorkSafeBC officer.
- For more information, please refer to the *Physiotherapy Services Reference Manual* on WorkSafeBC.com.
- Billing report codes: Stream 1 (19185), Stream 2 (19203), Stream 3 (19173), Stream 4 (19175).
- Billing late report codes: Stream 1 (19186), Stream 2 (19187), Stream 3 (19189), Stream 4 (19197).
- Reports are to be sent to WorkSafeBC by **FAX at 604 276-3195** or toll-free **1 888 922-3299**.
- If you have any questions about this form, please contact Health Care Services at 604 232-7787 or toll-free 1 866 244-6404.