

MEDICAL AND RETURN-TO-WORK PLANNING (MARP) ASSESSMENT SERVICES REFERRAL CONFIRMATION

Please fax to WorkSafeBC at
604 214-5498 or toll-free 1 888 669-9970.

*If you have questions about this form, please call 604 232-7787,
or toll-free at 1 888 967-5377, Ext. 7787*

Worker information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Date of referral <small style="text-align: center;">yyyy-mm-dd</small>		Date of injury <small style="text-align: center;">yyyy-mm-dd</small>	
Name of referring Board officer		Area of injury	

Services authorized

This is to confirm that the Board officer has referred the worker for the following MARP assessment service.

MARP assessment <input type="checkbox"/> MARP re-assessment <input type="checkbox"/> MARP monitoring <input type="checkbox"/>	MARP assessment with functional screen <input type="checkbox"/> MARP re-assessment with functional screen <input type="checkbox"/>
Is this an assessment for CRPS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please indicate the name of the MARP Physician	
Date of appointment <small style="text-align: center;">yyyy-mm-dd</small>	Time of appointment <small style="text-align: center;">hh:mm</small> AM <input type="checkbox"/> PM <input type="checkbox"/>

Provider information

Provider name	
Provider mailing address	Person in contact with Board officer
	Provider phone number ()
	Provider fax number ()

Additional comments

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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: RECEIVED DATE