



HEALTH CARE SERVICES

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MAIL

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

1. Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip
Phone number (please include area code)	Extension	Birth date (yyyy-mm-dd)	

2. Provider information

Provider/company name			
Address line 1		Address line 2	
City	Province/State	Country (if not Canada)	Postal code/Zip
Phone number (please include area code)	Extension	Fax number (please include area code)	
Contact name		Contact phone number (please include area code)	

3. Mental status and behaviour

Improved Declined No change

<p>Orientation</p> <p>Alert <input type="checkbox"/></p> <p>Oriented to person <input type="checkbox"/></p> <p>Oriented to place <input type="checkbox"/></p> <p>Oriented to time <input type="checkbox"/></p> <p>Confused at times <input type="checkbox"/></p>	<p>Mood</p> <p>Anxious <input type="checkbox"/></p> <p>Agitated <input type="checkbox"/></p> <p>Verbally abusive <input type="checkbox"/></p> <p>Withdrawn <input type="checkbox"/></p> <p>Diagnosed depression <input type="checkbox"/></p> <p>Normal mood <input type="checkbox"/></p>	<p>Ambulatory time</p> <p>Up most of day <input type="checkbox"/></p> <p>Bed rest <input type="checkbox"/></p> <p>Sleeps more than 8–12 hours <input type="checkbox"/></p> <p>Up for short periods <input type="checkbox"/></p> <p>Up 1–3 times per week <input type="checkbox"/></p> <p>Up 4–7 times per week <input type="checkbox"/></p>
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4. Nutrition and hydration

Improved Declined No change

<p>Food preparation and feeding</p> <p>Prepared by staff <input type="checkbox"/></p> <p>Prepares meals by self <input type="checkbox"/></p> <p>Prepares snacks by self <input type="checkbox"/></p> <p>Feeds self <input type="checkbox"/></p> <p>Feeds self with splint <input type="checkbox"/></p> <p>Fed by staff <input type="checkbox"/></p>	<p>Appearance</p> <p>Weight loss <input type="checkbox"/></p> <p>Weight gain <input type="checkbox"/></p> <p>Emaciated <input type="checkbox"/></p> <p>Underweight <input type="checkbox"/></p> <p>Normal <input type="checkbox"/></p> <p>Overweight <input type="checkbox"/></p> <p>Obese <input type="checkbox"/></p>	<p>Nutrition</p> <p>Balanced diet <input type="checkbox"/></p> <p>Unbalanced <input type="checkbox"/></p> <p>Inadequate intake <input type="checkbox"/></p> <p>Grocery shops regularly <input type="checkbox"/></p> <p>Rarely shops <input type="checkbox"/></p> <p>Primarily take-out food <input type="checkbox"/></p>
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5. Continence Improved Declined No change

<p>Bladder</p> <p>Intermittent catheterization <input type="checkbox"/></p> <p>Catheter indwelling <input type="checkbox"/></p> <p>Catheter irrigation <input type="checkbox"/></p> <p>Condom catheter drainage <input type="checkbox"/></p>	<p>Urinary tract infection</p> <p>Symptomatic UTI <input type="checkbox"/></p> <p>Urine for C&S sent <input type="checkbox"/></p> <p>Antibiotics prescribed <input type="checkbox"/></p> <p>Adequate fluid intake <input type="checkbox"/></p> <p>Inadequate fluid intake <input type="checkbox"/></p>	<p>Bowels</p> <p>Continent <input type="checkbox"/></p> <p>Toilet upon desire <input type="checkbox"/></p> <p>Partial incontinence <input type="checkbox"/> (times per week:)</p> <p>Constipation <input type="checkbox"/></p> <p>Diarrhea <input type="checkbox"/></p> <p>Hemorrhoids <input type="checkbox"/></p> <p>Bowel routine <input type="checkbox"/></p>
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6. Skin care Improved Declined No change

<p>Skin assessment</p> <p>Skin intact <input type="checkbox"/></p> <p>New pressure area <input type="checkbox"/></p> <p>Pre-existing pressure area <input type="checkbox"/></p> <p>Other: <input type="checkbox"/></p> <p>Regular turn schedule <input type="checkbox"/></p> <p>Regular weight shifts while up <input type="checkbox"/></p>	<p>Location #1</p> <hr/> <p>Size _____, _____, _____, _____</p> <hr/> <p>Odour _____</p> <hr/> <p>Drainage _____</p>
<p>Concerns</p>	<p>Location #2</p> <hr/> <p>Size _____, _____, _____, _____</p> <hr/> <p>Odour _____</p> <hr/> <p>Drainage _____</p> <hr/> <p>Treatment _____</p>

7. Psychosocial Improved Declined No change

<p>Family living nearby <input type="checkbox"/></p> <p>Family supportive <input type="checkbox"/></p> <p>Family does not live nearby <input type="checkbox"/></p> <p>Good support system <input type="checkbox"/></p> <p>Poor support system <input type="checkbox"/></p>	<p>No social relationships <input type="checkbox"/></p> <p>Staff interaction only <input type="checkbox"/></p> <p>Goes out regularly <input type="checkbox"/></p> <p>Goes out with staff only <input type="checkbox"/></p> <p>Goes out with family and friends <input type="checkbox"/></p>	<p>Goes out occasionally <input type="checkbox"/></p> <p>Goes out to medical appointments only <input type="checkbox"/></p> <p>Rarely leaves home <input type="checkbox"/></p> <p>Housebound <input type="checkbox"/></p>
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8. Concerns or comments

9. Number of nursing visits

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Time																
Day	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time																

Signature	Date (yyyy-mm-dd)
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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.