WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

COMMUNITY OCCUPATIONAL THERAPY FILE REVIEW REPORT

Please complete this form in full and fax to WorkSafeBC at **604 276-3195** or toll-free at **1 888 922-3299**.

If you have questions, please call Health Care Services at 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 *yyyy-mm-dd*	Claim accepted for	Claim not accepted for

Report details

Referral question
Date of this report *yyyy-mm-dd*

File review summary and recommendations

Subjective reports
Objective reports

Date: RECEIVED DATE

Workers' Compensation Board of B.C.

RESET

Worker's last name	First name	Middle initial	WorkSafeBC claim number

File review summary and recommendations (continued)

Analysis
Recommended plan

Provider information

Provider/business name	Provider phone number ( )
Name of Occupational Therapist	Provider fax number ( )

I declare that the above information is true and correct to the best of my knowledge.

Signature	Date *yyyy-mm-dd*

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