WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

(See reverse of form for submission criteria.)

RESET

PHYSICIAN'S REPORT

SELECT ONE ONLY: ❒ **Physician's First Report (F8)** *(required if you suspect the worker may be disabled beyond the day of injury or if the claim is for a hernia, back condition, shoulder or knee strain/sprain, or occupational disease)*

❒ **The worker's condition or treatment has changed (F11)** *(required if the worker's condition or treatment has changed since last report or if the worker is ready for Return to Work)*

Date of service *(yyyy/mm/dd)* / /	Date of birth *(yyyy/mm/dd)* / / — WorkSafeBC (WCB) claim number
Employer's name	Worker's last name
Employer's telephone number *(must include area code)* ( ) -	First name — Middle initial — Gender
Operating location address	Mailing address *(include postal code)*
Date of injury or when patient was first treated for this condition *(yyyy/mm/dd)* / /	Worker's contact telephone number *(must include area code)* ( ) -
Who rendered first treatment?	Worker's personal health number from BC CareCard

8/11

Are you the worker's regular practitioner? ❒ YES ❒ NO

If YES, how long has the worker been your patient? ❒ 0–6 months ❒ 7–12 months ❒ > 1 year

Are there prior or other problems affecting injury, recovery, and disability?

From injury or last report, has the worker been disabled from work? ❒ YES ❒ NO If YES, as of what date? *(yyyy/mm/dd)*

Injury Codes and Descriptions

Diagnosis *(text)*

CSA BP/AP *(code)*	CSA NOI *(code)*	ICD9 *(code)*

Clinical Information

What happened? Subjective Sx, examination, investigations, treatments/meds, specialists consult?

Return-to-work Planning

Is the worker now medically capable of working full duties, full time? ❒ YES ❒ NO

If NO, what are the current physical and/or psychological restrictions?

Estimated time before the worker will be able to return to the workplace in any capacity

❒ Currently at work ❒ 1–6 days ❒ 7–13 days ❒ 14–20 days ❒ > 20 days

If appropriate, is the worker now ready for a rehabilitation program? ❒ YES ❒ NO If YES, select ❒ WCP or ❒ Other

Do you wish to consult with a WorkSafeBC physician or nurse advisor? ❒ YES ❒ NO

If possible, please estimate date of maximal medical recovery *(full recovery or best possible recovery yyyy/mm/dd)*

Payee number	Practitioner number
Payee name	Practitioner name

☛ **Additional information can be recorded on form 8/11 ADDENDUM, Practitioner's Report/Additional Information**

WORKERS' COMPENSATION BOARD OF B.C.

The *Workers Compensation Act* requires that the *Physician's First Report*, containing all the information requested, shall be furnished to WorkSafeBC (the Workers' Compensation Board) within **3 days** after the date of first attendance to the worker.

Practitioner — This report needs to be completed and submitted only when, in the case of a First Report (F8):

1. You suspect the worker may be disabled beyond the day of injury
2. If the claim is for a hernia, back condition, shoulder or knee strain/sprain, or occupational disease
3. If none of the above criteria apply and WorkSafeBC requests this report (bill fee item 19927)
4. If a First Report should have been sent by #1 and 2 being met but was not, send the report and bill a fee item 19900

In the case of a follow-up visit, submit only (F11):

1. If the worker's condition or treatment has changed since the last report or if the worker is ready for Return to Work
2. It is not necessary to answer the following questions if completing a report for a follow-up visit (F11)
   - Are you the worker's regular physician? If YES, how long has the worker been your patient?
   - Who rendered first treatment?

IN ALL OTHER CASES, ONLY YOUR PRACTITIONER ACCOUNT FOR PROCEDURES OR VISIT IS REQUIRED.

Completed Practitioner Reports (paper versions) should be sent by facsimile (fax) to:

Lower Mainland	Fax 604 276-3195
Toll Free	Fax 1 888 922-3299

or by mail to:

WorkSafeBC
PO Box 94460 Stn Main
Richmond BC V6Y 2V6

For claim/claimant inquiries, contact:

Call Centre	604 231-8888 or toll free 1 888 967-5377

For invoice inquiries, contact Payment Services:

Lower Mainland	604 276-3085
Toll Free	1 888 422-2228

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.

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Physician Office Use Only