RESET

Physiotherapy Treatment/Post-Surgical Initial Report

Report due within 7 calendar days from initial visit. Report submission is required for payment of the initial assessment. Report must be completed in full, and the date of service on the invoice must match the date of service* on this form (date of initial visit) for payment to be processed. Note: A Post-Surgical Initial Report should only be selected if the initial visit is within 60 days of surgery.

Number of pages submitted	Date of service* (Date of initial visit) (yyyy-mm-dd)
4	

☐ Physiotherapy Treatment Initial Report (83D218)
☐ Post-Surgical Initial Report (83D220)

Worker and claim information

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

Area(s) of injury accepted on this claim	Date of injury (yyyy-mm-dd)	Date of surgery (if applicable) (yyyy-mm-dd)

Claim owner	Attending physician

Employer and job information

Company's name

Contact's name	Contact's job title

Contact's phone number (include area code)	Worker's occupation

Pre-injury job attachment status (check one only)
☐ Job attached ☐ No job attached ☐ Not yet confirmed

Employer contacted	First attempt (yyyy-mm-dd)	Second attempt (yyyy-mm-dd)
☐ Yes ☐ No response after 2 attempts		

Is worker currently working?	Are there confirmed light or modified duties available?
☐ Yes ☐ No	☐ Yes ☐ No ☐ Unknown

Usual pre-injury work schedule		Comments (if applicable)
Days per week	Hours per day	

Assessment findings

Significant subjective findings

Physiotherapy Treatment/Post-Surgical
Initial Report

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Significant clinical/objective findings

Observations
ROM and Biomechanical Analysis
Strength
Neurological
Special test/other

Status of Critical Job Demands Identify the significant physical barriers to RTW in relation to critical job demands and provide details on the worker's current functional status in relation to those job demands.

Critical job demands (provide details of job requirements)	Current functional ability (provide measure)	Job match
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

Factors delaying recovery

Physiotherapy Treatment/Post-Surgical
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Treatment plan, goals, and recommendations

Proposed Treatment plan (i.e., type of treatment, exercise progressions)

Treatment goals (specific measurable goals to be achieved by the end of the extension period)

Treatment duration	Number of visits to be provided	Average number of visits per week	End date of Treatment period (yyyy-mm-dd)	Hydrotherapy being provided
6 Weeks	15	2		☐ Yes ☑ No

Based on current functional abilities, can regular or modified duties be performed concurrently with physiotherapy treatment?

Regular duties ☐ Yes ☐ No

Modified duties ☐ Yes ☐ No

If no, please explain

Date regular or modified duties could begin (yyyy-mm-dd)

Return to work recommendations. Comment on available and appropriate modified hours/duties

Modified duties and/or modified hours	Comments/recommendations

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Expected outcome from physiotherapy treatment

☐ Return to full duties/hours ☐ Other (explain)

☐ Return to modified duties/hours

Estimated discharge date (yyyy-mm-dd)

Provider information

Physical therapist's name	Clinic's name	Payee number
	Maple Ridge Physiotherapy & Pain Clinic	46294

Clinic's phone number (include area code)	Clinic's fax number (include area code)	Clinic's email
(604) 467-8775	(604) 467-8704	info@mapleridgephysio.com

How to submit your form

Online is the quickest and easiest method! Complete this fillable form and add your electronic signature, then visit **worksafebc.com/claims-uploader** to submit the electronic document to your claim file.

Fax: 604.233.9777 (toll-free at 1.888.922.8807) | **Mail:** WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver, BC, V6B 1J1
For further assistance: Claims Call Centre, 604.231.8888 (toll-free at 1.888.967.5377), M–F, 8 a.m. to 6 p.m.

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