

(See reverse of form for submission criteria.)



a hemia, back condition, shoulder or knee strain/sprain, occup	ith letnem to pageally length	sorder) report or i	f the worker is read	y for return to v	vork)	
Date of service (yyyy-mm-dd)		Date of birth (yyyy-mm-dd)	出生日期	WorkSafeBC	daim number	檔案號碼
		Worker's last name	<u>v</u>			
mptoyer's name	公司名稱					
mployer's telephone number		First name 名	• · · • • ·		Middle initial	Gender
nust indude area code) 公司電話		Mailing address (indude po				
perating location address	工作地址					5地址
ate of injury or when patient was first treated for this co	ndition (yyyy-mm-dd) 受傷日期	Worker's contact telepho (must include area code)	ne number	-	-	
Vho rendered first treatment?	誰提供首次治療	Worker's personal health	number (BC Service	rs Card/CareCard)	醫療卡勞	成碼
re you the worker's regular practitioner?						_
f YES, how long has the worker been your patient? The there prior or other problems affecting injury, recover	0-6 months		12 months		□ > 1 yea	r
rom injury or last report, has the worker been disabled f	rom work?		If YES, as of v	what date? (yyy	y-mm-dd)	
njury codes and descriptions						
						t
SA BP/AP (code)	SA NOI (code)		ICD9 (code)			
linical Information		lists consult?				
Vhat happened? Subject Sx, examination, investigations,	treatments/meds, special					
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eturn-to-work planning			•••			
s the worker now medically capable of working full dutie			•			
s the worker now medically capable of working full dutie		□ NO				
s the worker now medically capable of working full dutie		□ NO	· · · · · · · · · · · · · · · · · · ·	•		
s the worker now medically capable of working full dutie f NO, what are the current physical and/or psychological	restrictions?		· · · · · · · · · · · · · · · · · · ·			
s the worker now medically capable of working full dutie f NO, what are the current physical and/or psychological stimated time before the worker will be able to return to	restrictions?	acity	□ 14-20 davs	•	□ > 20 d	avs
s the worker now medically capable of working full dutie f NO, what are the current physical and/or psychological stimated time before the worker will be able to return to Currently at work 1-6 days	restrictions? the workplace in any cap 7-1: n program?	acity 3 dəys	☐ 14-20 days If YES, select		[] > 20 d	ays
s the worker now medically capable of working full dutie f NO, what are the current physical and/or psychological istimated time before the worker will be able to return to Currently at work 1–6 days f appropriate, is the worker now ready for a rehabilitatio	restrictions? • the workplace in any cap 7–1: n program? YES	acity	If YES, select	WCP or		ays
s the worker now medically capable of working full dutie f NO, what are the current physical and/or psychological istimated time before the worker will be able to return to Currently at work 1-6 days f appropriate, is the worker now ready for a rehabilitatio	restrictions? the workplace in any cap 7-1: n program? YES urse advisor?	acity 3 days	If YES, select	 		ays
s the worker now medically capable of working full dutie f NO, what are the current physical and/or psychological stimated time before the worker will be able to return to Currently at work 1–6 days r appropriate, is the worker now ready for a rehabilitatio to you wish to consult with a WorkSafeBC physician or n	restrictions? • the workplace in any cap 7-1: n program? YES urse advisor?	acity 3 days INO NO	If YES, select	WCP or		ays
s the worker now medically capable of working full dutie f NO, what are the current physical and/or psychological estimated time before the worker will be able to return to Currently at work 11–6 days f appropriate, is the worker now ready for a rehabilitatio Do you wish to consult with a WorkSafeBC physician or n if possible, please estimate date of maximal medical reco	restrictions? • the workplace in any cap 7-1: n program? YES urse advisor?	acity 3 days NO Die recovery) (yyy-mm-de)	If YES, select	WCP or		ays
is the worker now medically capable of working full dutie if NO, what are the current physical and/or psychological Estimated time before the worker will be able to return to	restrictions? • the workplace in any cap 7-1: n program? YES urse advisor?	acity 3 days INO NO	If YES, select	WCPor		ays