

SELECT ONE ONLY: **Physician's First Report (F8)** **The worker's condition or treatment has changed (F11)**
(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) *(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 <i>(must include area code)</i> () -		First name		Middle initial	Gender
Operating location address			Mailing address <i>(include postal code)</i>		
Date of injury or when patient was first treated for this condition (yyyy/mm/dd) / /			Worker's contact telephone number <i>(must include area code)</i> () -		
Who rendered first treatment?			Worker's personal health number from BC CareCard		
Are you the worker's regular practitioner? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how long has the worker been your patient? <input type="checkbox"/> 0-6 months <input type="checkbox"/> 7-12 months <input type="checkbox"/> > 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, as of what date? (yyyy/mm/dd)					

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Injury Codes and Descriptions

Diagnosis <i>(text)</i>		
CSA BP/AP <i>(code)</i>	CSA NOI <i>(code)</i>	ICD9 <i>(code)</i>

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



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
Toll Free

Fax 604 276-3195
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
Toll Free

604 276-3085
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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