

Claim	number

A. Injured person information						
Last name			First name	;		Initials
Date of birth (dd/mmm/yyyy)	Date o	of injury (dd/n	nmm/yyyy)		Date(s) of initia	al assessment (dd/mmm/yyyy)
Injured person completed sup	 oplementary block		Number o	f sessions provid	⊥ ded in this block	•
Injured person did not return/self-discharged						
Employment status at time of disc	harge:					
A. Full time or	Part time				Not working	l
<ul><li>B. Regular duties or</li><li>C. Regular hours or</li></ul>	Modified duti Modified hou					
<u> </u>						
B. Regulated health profession						
•	pational Therapist	Physic	otherapist	Other (s		
Name				Date of report (	dd/mmm/yyyy)	
Facility name				Date of last trea	tment (dd/mmm	n/yyyy)
Address (number, street, unit / sui	te)			WSIB provider I	D	
City/town	P	rovince		Service code MTBRST	or MT	BRSTV
Postal code	Telephone			Complete these	e fields if HST is	applicable to this form
				HST registration	number	Service code
				HST amount bill	lod	ONHST
				no i amount biii	leu 	
C. Clinical information						
1. Has the injured person returned	to their pre-injury l	evel of functi	on?	yes	no	
List any outstanding issues and	/or symptoms:					
2. Additional investigations and co	nsultations since th	e initial asse	ssment (pr	ovide details):		
2 Decreases to treatment						
3. Response to treatment						
	ant improvement	Minima	ıl improven	nent N	o improvement	Worsening
Provide details:						

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.





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	Normal ex	am	Findings and details
Musculoskeletal	yes	no	
Neurological	yes	no	
Balance	yes	no	
Vestibular	yes	no	
Other (specify)	yes	no	
Mental status and cognit	l tion:		
unctional status/exercis	se testing (if appr	ropriate):	
. Rivermead Post-Conc	ussion Symptom	s Questionnaire	x:
			ead is available at www.wsib.ca. Score: /64
otal all scores excludin			
otal all scores excluding	g "other difficultie	es". The Riverm	ead is available at www.wsib.ca. Score: /64
Fotal all scores excluding Comments:  . Are there any complications.	g "other difficultie	es". The Riverm	ead is available at www.wsib.ca. Score: /64
i. Rivermead Post-Conc Total all scores excluding Comments:  . Are there any complicate f yes, please identify: Believes hurt equals here are activity Low mood/social with	g "other difficultie ating factors that narm	may delay reco Home e Change	very? yes no  nvironment concerns s in relationship dynamics nvironment concerns
Total all scores excluding Comments:  Are there any complicate f yes, please identify: Believes hurt equals here Fears/avoids activity Low mood/social with	g "other difficultie ating factors that narm drawal nents	may delay reco Home e Change Work er Other (s	very? yes no  nvironment concerns s in relationship dynamics nvironment concerns



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## D. Functional information

## 8. Administer and record the scores for the Patient-Specific Functional Scale (PSFS) for three to five functional activities, at least two of which are work-related. The PSFS is available at www.wsib.ca. COS Current Relevant physical demands / functional Functional activity Clinician's assessment of current ability score score requirements Lift 30 lb box from floor level, using both Lift 30 lb box from floor level, using both E.g. Lift from floor level 3/10 10/10 hands. hands. 1. /10 /10 2. /10 /10 /10 /10 3.

5. /10 /10 Total: Divide the total score by the number of activities /10 /10 (minimum three activities)

/10

## E. Abilities, limitations and accommodations for return-to-work planning

/10

9 Provide the injured person's functional abilities, limitations, restrictions and accommodations to facilitate return to work

Physical	Limitations		ns	Describe recommended accommodation
Sit/stand (duration of each / frequency of change)	yes	no	na	
Lifting (weight/frequency, own pace or high demand)	yes	no	na	
Walking (distance/time)	yes	no	na	
Carrying	yes	no	na	
Other (specify):	yes	no	na	

4.

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Potential mTBI symptom triggers	Lin	nitatio	ns	Describe recommended accommodation
Computer work (duration, frequency of breaks / other tasks)	yes	no	na	
Visual tasks (reading, non-computer tasks)	yes	no	na	
Lighting (brightness, fluorescent, etc.)	yes	no	na	
Noise (continuous, impact, other)	yes	no	na	
Interaction with public	yes	no	na	
Interaction with co-workers	yes	no	na	
Other (specify):	yes	no	na	
Safety considerations	Lin	nitatio	ns	Describe recommended accommodation
Work at heights	yes	no	na	
Driving	yes	no	na	
Operating machinery	yes	no	na	
Other (specify):	yes	no	na	

F. Additional referral recommendations			
10. Are you recommending additional referrals?	yes	no	If <b>yes</b> , indicate below
WSIB Community Mental Health Program (psychology) Psychiatry WSIB OHAP mTBI Assessment WSIB Neurology Specialty Program, mTBI Assessment		WSIB F	NSIB Specialty Programs Return to Work Specialist specify):
Reason for referral:			
11. Other comments:			
mTBLPOC regulated health professional signature			Date (dd/mmm/yyyy)

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