



# coastal physiotherapy

## and sports rehabilitation

### ***Personal Contact Information***

<b>Last Name</b>		<b>First Name</b>		<b>Middle Initial</b>
Mailing Address:				
City:			Postal Code:	
Home Phone #	Work Phone #		Cell Phone #	
Email Address:				
BC CARE CARD #			Birth Date (yyyy-mm-dd):	

### ***WorkSafeBC Information:***

<b>WorkSafeBC Claim Number:</b>	
Area of Injury:	
Date of Injury (yyyy-mm-dd):	Date of Surgery (if applicable) (yyyy-mm-dd):
Adjuster's Name:	Adjuster's Phone #:
Attending Physician's Name:	

### ***Employer Information:***

<b>Company Name:</b>	
Worksite Address:	
City & Province:	Postal Code:
Company Phone #:	Company Fax #:
<b>Contact Name*</b> (i.e. boss/supervisor/workplace safety officer):	
<p><small>*This person will be contacted directly by your Physiotherapist, as required by WorkSafeBC, to discuss critical job demands and return to work opportunities.</small></p>	
Contact Job Title:	Contact Phone #:



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### **Job Information**

Occupation/Job Title:

Are you currently working?

**YES**  ---> Are you working your full hours and full duties? **YES**  **NO**

**NO**  ---> Is your regular job still available for you to return to? **YES**  **NO**

**Usual pre-injury work schedule:**

Days per Week: \_\_\_\_\_ Hours per Day: \_\_\_\_\_

Do you have a written **job description** provided by your employer?

**YES**  Please attach a copy to this form.

**NO**  Please provide a description of the physical requirements of your job (i.e. time spent standing, distance walked, amount of weight lifted, direction of lifting etc.)



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### POLICIES AND CONSENTS:

#### **1. Payment and WorkSafeBC Information:**

##### **Physiotherapy Assessment (1st Visit):**

Will only be paid by WorkSafeBC on claims that have “Approved” or “Pending” status on the day of the initial visit, as long as the visit is within 60 DAYS of the Date of Injury.

The Assessment fee will be covered on disallowed claims ONLY if the claim was pending as of the date of the initial visit.

##### **Physiotherapy Treatment (all Subsequent Visits):**

Will be paid by WorkSafeBC on claims that have been “Approved for Physiotherapy” only. For Standard clients, they will a period of 6 weeks of treatment, and, if approved, additional extensions up to 4 weeks each. For post-surgical clients, WorkSafeBC will cover a period of 8 weeks of treatment, and, if approved, additional extensions up to 4 weeks each.

- Until your claim is “Approved for Physiotherapy”, **we require payment on the date of service**, for all Physiotherapy treatment visits, at our regular private rates:
  - **Initial Visit: \$85.00**
  - **Subsequent Visit: \$85.00**
- If your pending claim becomes accepted while you are attending physiotherapy treatment, you will be 100% refunded the visit fees you had paid privately before the date the claim was accepted (after we receive payment from WSBC).
- Please be aware that WorkSafeBC will not typically cover Physiotherapy treatment concurrent with Massage Therapy or Chiropractic Treatments.

#### **2. Attendance & Cancellation Policy:**

- WorkSafeBC requests that you attend treatment a minimum of 2 days per week. It is ultimately up to the discretion of the Physiotherapist how often you should attend.
- WorkSafeBC requires that you attend all your appointments. We are required to advise your Case Manager of any **absences**.
- Coastal Physiotherapy & Sports Rehabilitation requires at least **24 hours** notice to cancel or change an appointment. When the appointment is on a Monday, we require notice on the Friday before to make any changes.

**1st Absence:** Your Case Manager at WorkSafeBC will be called and notified immediately.

**2nd Absence:** Your Case Manager at WorkSafeBC will be called and notified immediately AND You will be privately charged a No-Show Fee of **\$30.00** which will NOT be covered or reimbursed by WorkSafeBC.

**3rd No Show/Late Cancel:** You will be **discharged** from Physiotherapy for non-compliance and your Case Manager at WorkSafeBC will be notified immediately. It will be up to the Case Manger if they choose to re-refer you to Physiotherapy.



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### 3. Consent to Assess and Treat

Physiotherapy treatment techniques recommended to you may include, but are not limited to: manual techniques, spinal manipulation, therapeutic exercise, electrotherapeutic modalities, as well as other techniques and procedures your treating physiotherapist determines may improve your function. Your physiotherapist will explain:

- What to expect in the assessment and treatment
- The reasons why I should have the assessment/treatment
- The benefits, side effects and potential complications of each technique before use
- The alternatives to having the treatment
- What might happen if I do not have the assessment/treatment

Throughout your recovery program, any questions or concerns you may have about any recommended treatment must be shared with your physiotherapist immediately so they can explain the treatment rationale and/ or modify your program appropriately. If at any time you choose not to participate in the course of treatment, please tell your physiotherapist immediately.

### 4. Consent to Release of Information

To provide optimum care and to comply with WorkSafeBC rules and regulations, we require your permission to obtain diagnostic imaging related to the condition for which you are being treated, and to release relevant information to the following parties:

- WorkSafeBC
- Family Physician
- Referring Physician
- Other Treating Therapists
- Lawyer (if applicable)
- Employer or their representative (Only to discuss return to work information)

If there are any parties you DO NOT give us permission to contact, please list these here:

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I \_\_\_\_\_ have read and agree to comply with the **Payment(1)** and **Attendance(2)** Policies as outlined as above. I understand that my consent to **Assessment/Treatment(3)** and/or to **Release of Information(4)** may be amended or revoked in whole or part at any time by providing written notice to the Clinic, and that revoking consent may have additional consequences such as withdrawal of treatment or the decline of payment by WorkSafeBC.

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**Client Name**

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**Client Signature**

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**Date**

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**Witness Name**

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**Witness Signature**

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**Date**