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|  |  | Integrated Care Program (ICP) Pilot Graduated Return-to-Work (GRTW) Monitoring and Discharge Report |

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|  |  |  |  |  | Number of pages submitted2 |

Report

|  |  |
| --- | --- |
| Date of discharge (yyyy-mm-dd)      | Date of report (yyyy-mm-dd)     Report due within three days of discharge date |

Worker and claim information

|  |  |  |  |
| --- | --- | --- | --- |
| Worker’s last name      | First name      | Middle initial      | WorkSafeBC claim number      |
| Date of injury (yyyy-mm-dd)      | Claim owner’s name and job title      |
| Area(s) and nature of injury accepted on this claim      |
| Attendance       day(s) worked out of       days scheduled |
| Absences, if applicable (include date[s] and reasons for absence[s])      |
| Level and nature of participation to date      |

Status of GRTW Plan

|  |  |  |
| --- | --- | --- |
| GRTW start date (yyyy-mm-dd)      | GRTW end date (yyyy-mm-dd)      | Length of GRTW Plan       weeks |
| RTW summary (current work hours and duties; demonstrated ability and tolerance for critical job demands)      |
| Employer comments on RTW status       |
| Outstanding RTW factors (if applicable)      |

Conclusions and recommendations

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| Discharge status      |
| RTW considerations (if applicable)      |

Employer and job information

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| --- |
| Company’s name      |
| Jobsite address      | City      | Province      | Postal code      |
| Company’s phone number       | Fax number       |
| Contact’s name      | Contact’s job title      |
| Contact’s phone number      | Worker’s occupation      |
| Contact’s email address (optional)      |

Provider’s information

|  |  |
| --- | --- |
| Company’s name      | Payee number      |
| Company’s phone number       | Fax number        |
| Contact’s name      | Contact’s direct extension or phone number (if applicable)       |
| Mailing address      | City      | Province      | Postal code      |
| Contact’s email address (optional)      |

Report prepared by

|  |
| --- |
| Name(s) and professional designation(s) of report writer(s)       |
| Signature(s) of writer(s) |

|  |  |  |
| --- | --- | --- |
| **Claims Call Centre**Phone 604.231.8888Toll-free 1.888.967.5377M–F, 8 a.m. to 6 p.m. | **Fax** 604.233.9777Toll-free 1.888.922.8807 | **Mail**WorkSafeBCPO Box 4700 Stn TerminalVancouver BC V6B 1J1 |
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