|  |  |  |
| --- | --- | --- |
|  |  | Graduated Return-to-Work (GRTW) Plan |

Program and report type (check one only)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity-Related Soft Tissue Disorder (ASTD)** | **Hand Therapy** | | **Occupational Rehabilitation 1 (OR1)** | | **Occupational Rehabilitation 2 (OR2)** | | **Return-to-Work Support Services (RTWSS)** |
| ASTD Initial GRTW Plan (ASTDGRTW)  ASTD Revised GRTW Plan (ASTDGRTWR) | Hand Therapy Initial GRTW Plan (83D300)  Hand Therapy Revised GRTW Plan (83D301) | | OR1 Initial GRTW Plan (83D276)  OR1 Revised GRTW Plan (83D277) | | OR2 Initial GRTW Plan (83D266)  OR2 Revised GRTW Plan (83D267) | | RTWSS Initial GRTW Plan (83D316)  RTWSS Revised GRTW Plan (83D317) |
| **Occupational Therapy (OT) Services** | **Post-Concussion Management Program (PCMP)** | | **Pain and Medication Management Program (PMMP)** | | **Early Concussion Assessment and Treatment (ECAT)** | | **Amputee Multidisciplinary Program (AMP)** |
| OT Services Initial GRTW Plan (83D491)  OT Services Revised GRTW Plan (83D492) | PCMP Initial GRTW Plan (83D480)  PCMP Revised GRTW Plan (83D481) | | PMMP Initial GRTW Plan (83D547)  PMMP Revised GRTW Plan (83D429) | | ECAT Initial GRTW Plan (83D430)  ECAT Revised GRTW Plan (83D431) | | AMP Initial GRTW Plan (83D593)  AMP Revised GRTW Plan (83D594) |
| **Integrated Care Program (ICP)** |  | |  |  | | |  |
| ICP Initial GRTW Plan (83D612)  ICP Revised GRTW Plan (83D613) |  | |  | |  | |  |
| Date of report (yyyy-mm-dd) | | If revised, indicate the revision number and which week(s) from the initial plan have been revised | | | | | |
| Revision number | | | | Week number(s) | |

Worker and claim information

|  |  |  |  |
| --- | --- | --- | --- |
| Worker’s last name | First name | Middle initial | WorkSafeBC claim number |
| Area(s) and nature of injury accepted on this claim | | Date of injury (yyyy-mm-dd) | |
| Claim owner and job title | | Claim owner’s phone number | |

Employer and job information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 | | | | |
| Current attachment to pre-injury job  Job attached  Not job attached  Not yet confirmed | Usual pre-injury work schedule (days and hours)  Days per week  Hours per day  Break schedule | | Comments (if applicable) | | |

Return-to-work (RTW) plan parameters

|  |  |  |
| --- | --- | --- |
| RTW plan start date (yyyy-mm-dd) | RTW plan end date (yyyy-mm-dd) | Length of RTW plan        weeks |
| The claim owner has confirmed that the RTW plan will be conducted on the following basis:  Employer pays the worker for hours worked during the RTW plan  WorkSafeBC pays the worker during the RTW plan  WorkSafeBC and employer pay the worker during the RTW plan  Not confirmed (include comments if applicable) | | |

Current medical restrictions (if applicable)

|  |
| --- |
|  |

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 |

RTW plan details

**Add or remove weeks as appropriate to the worker’s injury-specific RTW plan. Each new week should include all the rows. Copy and paste tables for additional weeks as needed.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **1** | Week of | | | | | | |
| Hours at work |  |  |  |  |  |  |  |
| Hours in clinic |  |  |  |  |  |  |  |
|  | Job tasks to perform | | | | | | |
| Job tasks not to perform (if applicable) | | | | | | |
| Comments (if applicable) | | | | | | |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **2** | Week of | | | | | | |
| Hours at work |  |  |  |  |  |  |  |
| Hours in clinic |  |  |  |  |  |  |  |
|  | Job tasks to perform | | | | | | |
| Job tasks not to perform (if applicable) | | | | | | |
| Comments (if applicable) | | | | | | |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **3** | Week of | | | | | | |
| Hours at work |  |  |  |  |  |  |  |
| Hours in clinic |  |  |  |  |  |  |  |
|  | Job tasks to perform | | | | | | |
| Job tasks not to perform (if applicable) | | | | | | |
| Comments (if applicable) | | | | | | |
| **Week** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **4** | Week of | | | | | | |
| Hours at work |  |  |  |  |  |  |  |
| Hours in clinic |  |  |  |  |  |  |  |
|  | Job tasks to perform | | | | | | |
| Job tasks not to perform (if applicable) | | | | | | |
| Comments (if applicable) | | | | | | |

Additional comments

|  |
| --- |
|  |

Plan prepared by

|  |  |
| --- | --- |
| Name(s) of plan writer(s) | |
| Was the injured worker involved in creating this RTW plan?  Yes  No | If no, please explain why    Note: There should rarely, if ever, be a circumstance where the injured worker is not involved in creating the RTW plan. |
| Was the employer involved in creating this RTW plan?  Yes  No | If no, please explain why |

Copies to

A copy of the RTW plan should be sent to the injured worker, WorkSafeBC, the injured worker’s physician and employer, and others as appropriate.

Worker

WorkSafeBC

Physician (do not specify)

Employer (specify)

Other (specify)

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

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC’s FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email [**FIPP@worksafebc.com**](mailto:FIPP@worksafebc.com), or call 604.279.8171.