

A. Injured person information			
Last name	First name	Initials	
Date of birth (dd/mmm/yyyy)	Date of injury (dd/mmm/yyyy)	Date(s) of initial assessment (dd/mmm/yyyy)	
You must submit this report upon completion of the mTBI POC or whenever the injured person is discharged			
<input type="checkbox"/> Injured person completed mTBI POC		<input type="checkbox"/> Injured person did not return/self-discharged	
Employment status at time of discharge:			
A. <input type="checkbox"/> Full time	or	<input type="checkbox"/> Part time	<input type="checkbox"/> Not working
B. <input type="checkbox"/> Regular duties	or	<input type="checkbox"/> Modified duties	
C. <input type="checkbox"/> Regular hours	or	<input type="checkbox"/> Modified hours	

B. Regulated health professional information			
<input type="checkbox"/> Chiropractor <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Other (specify) _____			
Name	Date of report (dd/mmm/yyyy)		
Facility name	Date of last treatment (dd/mmm/yyyy)		
Address (number, street, unit / suite)	WSIB provider ID		
City/town	Province	Service code MTBRCOS	
Postal code	Telephone	Complete these fields if HST is applicable to this form	
		HST registration number	Service code ONHST
		HST amount billed	

C. Clinical information	
1. Has the injured person returned to their pre-injury level of function?	yes no
List any outstanding issues and/or symptoms:	
2. Additional investigations and consultations since the initial assessment (provide details):	
3. Response to treatment	
<input type="checkbox"/> Fully recovered <input type="checkbox"/> Significant improvement <input type="checkbox"/> Minimal improvement <input type="checkbox"/> No improvement <input type="checkbox"/> Worsening	
Provide details:	

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

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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.

Functional activity	Midpoint score	Discharge score	Relevant physical demands / functional requirements	Clinician's assessment of current ability
E.g. Lift from floor level	3/10	9/10	Lift 30 lb box from floor level, using both hands.	Can lift 30 lb box but is slower than usual.
1.	/10	/10		
2.	/10	/10		
3.	/10	/10		
4.	/10	/10		
5.	/10	/10		
Total: Divide the total score by the number of activities (minimum three activities)		/10	/10	

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

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

Physical	Limitations	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	

Upload forms and documents related to your claim at wsib.ca/upload

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Potential mTBI symptom triggers	Limitations	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	Limitations	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	
<p>10. Are you recommending additional referrals? yes no If yes, indicate below</p> <p> <input type="checkbox"/> WSIB Community Mental Health Program (psychology) <input type="checkbox"/> Other WSIB Specialty Programs <input type="checkbox"/> Psychiatry <input type="checkbox"/> WSIB Return to Work Specialist <input type="checkbox"/> WSIB OHAP mTBI Assessment <input type="checkbox"/> Other (specify): <input type="checkbox"/> WSIB Neurology Specialty Program, mTBI Assessment </p> <p>Reason for referral:</p>	
<p>11. Other comments:</p>	
mTBI POC regulated health professional signature	Date (dd/mmm/yyyy)