WSIB Ontario | Mild traumatic brain injury program of care (mTBI POC) mid-point report

Claim number

Visit wsib.ca/submit to submit this form and supporting documents.

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)

This report must be completed at the end of block 1

B. Regulated health professional information

☐ Chiropractor ☐ Occupational Therapist ☐ Physiotherapist ☐ 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 **MTBRMPR**
Postal code / Telephone	Complete these fields if HST is applicable to this form
	HST registration number / Service code **ONHST**
	HST amount billed

C. Functional information

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	Initial score	Mid-point score	Relevant physical demands / functional requirements	Clinician's assessment of current ability
E.g.	Lift from floor level	3/10	5/10	Lift 30 lb box from floor level, using both hands.	Can lift 25 lb from 8" elevation to hip level.
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		

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

WSIB Ontario | wsib.ca

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D. Additional interventions and referral recommendations

1. If vestibular rehabilitation is currently being provided, or is recommended to be provided in block 2, provide objective findings from assessment, rationale for treatment and describe delivered and/or planned interventions:

2. Are you recommending additional referrals? ☐ yes ☐ no If **yes**, indicate below

- ☐ WSIB Community Mental Health Program (psychology)
- ☐ Psychiatry
- ☐ WSIB Neurology Specialty Program
- ☐ WSIB Occupational Health Assessment Program (OHAP), mTBI Assessment
- ☐ Other WSIB Specialty Programs
- ☐ WSIB Return to Work Specialist
- ☐ Other (specify):

Reason for referral:

mTBI POC regulated health professional signature	Date (dd/mmm/yyyy)