



Personal Care Assistance Assessment Report

Return To ICBC
PO BOX 2121, STN TERMINAL
VANCOUVER BC V6B 0L6

Fax 1-877-686-4222



INVOICE INFORMATION

CLAIM NUMBER -12346	DATE OF ACCIDENT (dd/mm/yyyy) 28-May-2026	DATE OF REPORT (dd/mm/yyyy) 16-Jun-2026	VENDOR NUMBER 1234
INVOICE/REFERENCE NUMBER 1	PAYEE NAME ABC OT		
PAYEE ADDRESS 1234 W.5th St., Vancouver, BC, V1A 2W8			
PAYEE ADDRESS			

PRACTITIONER INFORMATION

FIRST NAME Matt	LAST NAME Humphreys	PRACTITIONER NUMBER EX1234
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CUSTOMER INFORMATION

FIRST NAME Joe	LAST NAME Morris	DATE OF BIRTH (dd/mm/yyyy) 20-May-1975	PERSONAL HEALTH NUMBER (PHN)
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PURPOSE AND SCOPE OF ASSESSMENT

Occupational therapists should set clear expectations regarding the following:

- The purpose of this assessment is to determine the level of assistance required to safely complete the basic levels of activities that the customer performed prior to the crash but is unable to because of their injuries.
- The assessment findings (i.e., score) will be provided to ICBC for standardized calculation of the Activities of Daily Living (ADL) Benefit entitlement based on a formula in the *Enhanced Accident Benefits Regulation*.
- ADL benefit entitlement is subject to a minimum score of 9 or greater on the scoring sheet.

OCCUPATIONAL THERAPY ASSESSMENTS

PREVIOUS PCA REPORT COMPLETED ☐ Yes ☒ No	IF YES, INCLUDE DATE OF INITIAL PCA REPORT (dd/mm/yyyy) AND INCLUDE DATE OF MOST RECENT PCA RE-ASSESSMENT REPORT (dd/mm/yyyy)
OT INITIAL REPORT COMPLETED ☐ Yes ☒ No	IF YES, INCLUDE DATE OF REPORT (dd/mm/yyyy) AND NAME OF PRACTITIONER OR ☐ REPORT PENDING NOTE: OT unaware of any previous PCA ax
OT PROGRESS REPORT COMPLETED ☐ Yes ☒ No	IF YES, INCLUDE DATE OF MOST RECENT REPORT (dd/mm/yyyy) AND NAME OF PRACTITIONER OR ☐ REPORT PENDING

MEDICAL AND REHABILITATION INFORMATION

1. Accident diagnosis (please provide source of information) From ICBC referral form(CL778)- fracture of left tibia with open-reduction and internal fixation; right achilles strain with air cast ☐ No Change - see previous PCA Assessment Report
2. Medical restrictions and limitations (if applicable) From client- Left leg non-weight bearing for 8 weeks, then progressive weight bearing towards full weight bearing after 3-4 months dependent on bone healing. Wearing post-op knee brace on left leg. Right foot using air cast for 6 weeks. ☐ No Change - see previous PCA Assessment Report

3. Upcoming medical procedures (if applicable) From client- follow-up with orthopaedic surgeon in 1 month ☐ No Change - see previous PCA Assessment Report
4. Relevant past medical history (e.g., pre-existing injuries or conditions). Indicate any exacerbation of a pre-existing condition related to the accident. None reported ☐ No Change - see previous PCA Assessment Report
5. Pre-accident support services and assistive/adaptive devices/technology (e.g., homemaking, gardening, personal/attendant care, nursing, mobility aid, kitchen/bathroom aids, etc.). Describe service provided and frequency. House cleaner 1x/month for heavy housekeeping (vacuuming, floors, bathrooms, kitchen) ☐ No Change - see previous PCA Assessment Report
6. Residential and living environment. Briefly describe the overall home environment (e.g., apartment, square footage, levels, stairs, home modifications, e.g., ramp) and customer's living area in the residence (e.g., bedroom, bathroom, kitchen) and any changes since the accident. ~ 800sqft condo with 1 bedroom and 1 bathroom, in-suite laundry (stacked front loaders), no stairs in home or to enter/exit home, slightly raised threshold at front door. Bathroom has walk-in shower with curtain and threshold. Building is strata run and all shared spaces and yard are taken care of by prof services. Client is tenant, needs landlord approval for any installations ☐ No Change - see previous PCA Assessment Report
7. Social environment. Briefly describe the number of people living in the home, the customer's usual pre-accident role(s) within the home and any changes since the accident (if applicable). Lives with spouse who is able to help and is not working. Pre-injury client assisted with shopping and some cleaning (vacuuming, tidying, dishes) in the home. His spouse completed all dinner meal prep and laundry. He is the primary driver in the family. ☐ No Change - see previous PCA Assessment Report
8. Does the customer have a pre-accident caregiver role? ☒ Yes ☐ No Describe briefly: Yes. He assisted his elderly mother with shopping, medical appointments, and transportation. ☐ No Change - see previous PCA Assessment Report
9. If ICBC has asked for specific information about the customer's ADLs, please provide that here: No specific referral questions were received from ICBC. ☐ No Change - see previous PCA Assessment Report

REFERENCE INFORMATION

1. Assessed needs should be directly related to accident injuries.
2. Assessment is for the individual needs of the customer, not the needs of others in the home.
3. Assessment should reflect the customer's need for assistance to engage in listed activities and including any change from pre versus post accident.
4. Follow up with ICBC directly in exceptional circumstances (e.g., if the customer can no longer perform care giving duties, if activities are not adequately captured in this document, or in other unusual circumstances.)
5. "Level of Assistance" refers to the amount of assistance **required** for the **entire activity**, including all sub-tasks. Ensure scoring is proportionate for the overall activity, not just its parts.
6. Distinguish between customer capacity versus assistance being provided (e.g., reflect the customer's ability, regardless of whether they are receiving help with tasks they could do on their own.
7. Any new assistive/adaptive equipment and/or support recommendations should be included in the appropriate task and accompanied by clear justification that is directly related to accident injuries.
8. Refer to the PCA Assessment Report Guide for more information and examples.

SCORING LEGEND

Level of assistance required for activities completed by the customer pre-accident. Assistance is defined as any of the following: (1) verbal or physical assistance of another person; or (2) supervision of another person.

Class Levels Scoring Key

As defined in the *Enhanced Accident Benefits Regulation*

Class 1 — The customer requires assistance (physical, verbal, or supervision) with up to 25% of the activity.

Class 2 — The customer requires assistance (physical, verbal, or supervision) with up to 50% of the activity.

Class 3 — The customer requires assistance (physical, verbal, or supervision) with up to 75% of the activity.

Class 4 — The customer requires assistance (physical, verbal, or supervision) with more than 75% of the activity (completely dependent).

Not Applicable Scoring Key

1 — No need to do this activity or the customer derives no benefit from this activity

2 — Customer did not normally perform this activity before the accident

3 — Customer would not have performed the activity, had the accident not occurred, due to age or other factors

4 — Need met by another agency/institution

5 — Needed assistance before the accident and no increase in need due to accident

6 — Need unrelated to the accident that appeared after the accident

7 — Other reason (specify)

Personal Care Assistance Assessment Report

Level 1 Activities — Home and community management	Check if applicable	Select reason if item is not applicable
1. Meal preparation — breakfast	Independent ☐	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
1.1. Access to and use of food and tools needed for meal preparation If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Client observed to be non-weight bearing on left leg and unable to bend left knee (wearing knee brace) and using an air cast on his right foot. He was observed to be using a manual wheelchair (using left elevating leg rest) within the home for mobility. Limitations to accessing cupboards and lifting and carrying items within the small kitchen environment. Requires assistance and wife is helping.		Independent ☐

1.2. Preparation of food If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Limitations to accessing countertop, stove, oven, fridge, etc. due to use of manual w/c (non-w/c accessible kitchen), and very limited standing tolerance (observed to tolerate standing only for transfers due to high levels of pain and swelling in left leg which he keeps elevated as much as possible) and right leg in air cast. Limitations to carrying items. Requires assistance and wife is helping.	Independent ☐
1.3. Table set-up If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Limitations to lifting and carrying items to set table as per 1.2 per above. Limitations to reaching table top and placing items due to difficulty reaching areas of table and getting around table in small apartment with manual w/c. Able to move things around within arms reach once positioned at table. Requires assistance and wife is helping.	Independent ☐
1.4. Clean-up If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Limitations to carrying dirty items from table to kitchen, and within kitchen. Limitations to reaching sink or accessing dishwasher due to height of w/c and needing L leg elevated with leg rest. Requires assistance and wife is helping.	Independent ☐
1.5. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in the activity (e.g., Did they cook all meals and did they require assistance? What did this include and how often? Did anyone help with this pre-accident? Independent with breakfast and made own breakfast daily before work. Typically, would eat yogurt with fruit, flat bread with cheese and sweet black tea. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☒ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations: Not at this time	

2. Meal preparation — lunch	Independent ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
2.1. Access to and use of food and tools needed for meal preparation If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Same as 1.1	Independent ☐							
2.2. Preparation of food If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Same as 1.2	Independent ☐							
2.3. Table set-up If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Same as 1.3	Independent ☐							
2.4. Clean-up If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Same as 1.4	Independent ☐							
2.5. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in the activity (e.g., Did they cook all meals and did they require assistance? What did this include and how often? Did anyone help with this pre-accident? Independent with lunch. He packed lunch for work daily. Typically, lunch would include left-overs from dinner or a simple sandwich. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☒ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations: Not at this time.								

3. Meal preparation — dinner	Independent ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
3.1. Access to and use of food and tools needed for meal preparation If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Same as 1.1	Independent ☐							
3.2. Preparation of food If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Same as 1.2	Independent ☐							
3.3. Table set-up If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Same as 1.3	Independent ☐							
3.4. Clean-up If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Same as 1.4	Independent ☐							
3.5. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in the activity (e.g., Did they cook all meals and did they require assistance? What did this include and how often? Did anyone help with this pre-accident? His wife primarily cooked dinner. Typically, he would assist with setting the table, serving food and cleaning-up after dinner. On weekends, he would assist with dinner preparation such as BBQ. Pre-MVA, he completed ~50% of total meal prep activities for dinner. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☒ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations: Not at this time. NOTE: Assistance required above is to replace the 50% of meal prep the client participated in pre-MVA.								

4. Light housekeeping	Independent ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
4.1. Dusting If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. N/a- He did not do this pre-MVA.	Independent ☐							
4.2. Sweeping If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Limitations to standing beyond a very short duration (e.g., 1 min.) - Observed to be using w/c, non-weight bearing left leg and has air cast on right leg, high levels of pain and swelling, needs to keep left leg elevated Unable to tolerate prolonged dynamic standing while holding a broom to sweep. Requires assistance with sweeping, wife is helping.	Independent ☐							
4.3. General tidying of house If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Limitations to moving around within the apartment to tidy due to w/c dependent mobility, use of elevating left leg rest, high levels of pain and a small apartment with narrow areas to navigate Difficulty to reach to high or low areas - would benefit from a long-handled reacher to assist with picking up some items from the floor or his resting area as needed. Requires assistance and wife is helping.	Independent ☐							
4.4. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., Did they complete all light housekeeping? What did that include and how often? Did anyone help with this pre-accident? His wife is the primary home maker and completed all cleaning tasks. Client assisted with tidying of the home and some sweeping as needed (~25% of total light housekeeping) Level of Assistance Required for Entire Activity: ☒ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations: Long-handled reacher - to pick items off floor for helping with tidying due to limitations to bending and reaching to the floor due to leg injuries requiring use of w/c or walker. NOTE: Assistance required above is to replace the 25% of light housekeeping the client participated in pre-MVA.								

5. Heavy housekeeping	Independent ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
5.1. Vacuuming If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Limitation to dynamic standing and walking necessary to vacuum - observed to be using manual w/c for mobility with left leg elevated due to pain and swelling. Requires assistance and wife is helping.	Independent ☐							
5.2. Making the bed If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Limitation to standing, bending and reaching to be able to make bed due to w/c mobility at present. Requires assistance and wife is helping.	Independent ☐							
5.3. Washing floors If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. N/a- he did not do this pre-MVA.	Independent ☐							
5.4. Garbage disposal If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Limitation to lifting, carrying and mobilizing throughout the condo areas to access garbage independently - observed to be using manual w/c with elevated left leg rest, difficulty mobilizing independently for longer distances, wife assisting. Garbage disposal is in shared area approximately 200' from condo entrance and has heavy doors without automatic openers.	Independent ☐							
5.5. Cleaning appliances/bathroom(s) If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. N/a- he did not do this pre-MVA.	Independent ☐							

5.6. Summary of Assistance Required:

Pre-Accident Engagement: Describe customer engagement in activity (e.g., Did they complete all heavy housekeeping? What did that include and how often? Did anyone help with this pre-accident?).

His wife is the primary home maker and completed all cleaning tasks. They also had a hired cleaner 1x/month for heavy cleaning tasks or deep cleaning (wiping window sills, cleaning oven). Client assisted with vacuuming and making the bed, as needed. He was primarily responsible for garbage disposal. (He completed ~25% of total heavy housekeeping)

Level of Assistance Required for Entire Activity: ☒ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4)

Assistive/Adaptive Devices/Technology Recommendations:

Not at this time.

NOTE: Assistance required above is to replace the 25% of heavy housekeeping the client participated in pre-MVA.

6. Laundry	Independent ☐	1 ☐	2 ☒	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
6.1. Access laundry area If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.	Independent ☐							
6.2. Carry basket of clothes If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.	Independent ☐							
6.3. Transfer of laundry If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.	Independent ☐							
6.4. Ironing If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.	Independent ☐							

6.5. Folding If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☐	
6.6. Summary of Assistance Required: Change to: Pre-Accident Engagement: Describe customer engagement in activity (e.g., Did they complete all laundry tasks? How often and for whom? Did anyone help with this pre-accident?). Client's wife completed all laundry activities pre-MVA. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations:			
7. Yard work		Independent ☐	1 2 3 4 5 6 7 ☒ ☐ ☐ ☐ ☐ ☐ ☐
7.1. Raking leaves If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☐	
7.2. Mowing lawn If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☐	
7.3. Cleaning eaves troughs If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☐	

7.4. Snow removal If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.	Independent ☐
7.5. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., Did they complete all yard work? What did that include and how often? Did anyone help with this pre-accident?). Client did not complete yard work. Strata hires professionals. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations:	
8. Shopping for personal needs	Independent ☐ 1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
8.1. Store access If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Limitations to mobility in very large stores (e.g., Superstore and Costco) and stores that are busy. Client observed to be using a manual w/c and can propel self independently short distances. Has left leg elevated and vulnerable to being jostled or hit in busy environments or tight spaces.	Independent ☐
8.2. Carrying items If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Can carry a small number of items in his lap when using manual w/c. Limitations to pushing a shopping cart or carrying a heavy basket due to using a manual w/c for mobility with bilateral leg injuries (cannot push a shopping cart or carry a heavy basket while pushing his w/c independently).	Independent ☐
8.3. Paying for items If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.	Independent ☒

Pre-Accident Engagement: Describe customer engagement in the activity (e.g., Did they complete personal shopping online or in person? How often, and did anyone help with this pre-accident?).

Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☒ more than 75% (Class 4)

Assistive/Adaptive Devices/Technology Recommendations:

9. Using private or public transportation (other than transfers)	Independent ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
9.1. Assistance required to access or use private or public transportation (other than transfers) If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Client unable to drive- left leg is in cast and non-weight bearing; right leg is in air cast. Client unable to independently access regular public transit due to limited mobility and vulnerability to being jostled/hit in crowded areas. Requires assistance by wheelchair accessible taxi to get to/fr medical and rehab appointments (i.e., GP, PT, VGH). Addresses provided to ICBC by email.	Independent ☐							

Pre-Accident Engagement: Describe customer engagement in the activity (e.g., Did they use private or public transportation and did they require assistance? What did this include and how often? Did anyone help with this pre-accident?).

Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☒ more than 75% (Class 4)

Assistive/Adaptive Devices/Technology Recommendations:

10. Undertake community outings (other than transportation and shopping)	Independent ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
10.1. Specify what public services and neighbourhood facilities, medical and personal care facilities the customer makes use of If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. 1. Dr. Olive, Orthopaedic Surgeon Office, #700 - 121 W. Broadway, Vancouver- attends every ~3 months, assistance required 2. Dr. Tapley, GP, 1246 Kingsway, Vancouver- attends ~monthly, assistance required 3. Spark Physiotherapy, 3457 Oak Street, Vancouver- able to independently access this facility, no assistance required	Independent ☐							

11.3. Summary of Assistance Required:

Pre-Accident Engagement: Describe customer engagement in activity (e.g., Did they manage all personal finances and medication pre-accident? What did this involve?).

Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4)

Assistive/Adaptive Devices/Technology Recommendations:

Level 2 Activities — Mobility and self-care	Check if applicable	Select reason if item is not applicable
12. Transferring to and from bed	Independent ☒	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
12.1. Transfer in and out of bed If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Client observed to transfer in/out of bed, lifting left leg using both arms to assist, trf to/fr w/c to bed with standing pivot trf, using 2WW for balance. Would benefit from bedrail to increase ease and safety with trf in/out of bed.		Independent ☒
12.2. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., What is their ability to transfer to/from bed? Did they require assistance?). Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations: Bed assist rail- independent with bed transfers but requires a bed assist rail to increase safety and ease given difficulty to move left leg in/out of bed with limited knee flexion and ++pain in left knee.		
13. Adjusting or maintaining body position in bed	Independent ☒	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
13.1. Adjust body position If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Independent but would benefit from leg elevation pillow to assist to elevate left leg while lying in bed. Difficulty with multiple pillows to manage independently.		Independent ☒

13.2. Raise self in bed from lying to sitting If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☒								
13.3. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., What is their ability to adjust body position in bed? Did they require assistance?). Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations: leg elevation pillow- independent with body positioning but requires a leg elevation pillow to assist with positioning left leg while sleeping and to reduce edema										
14. Transfers: Vehicle		Independent ☐		1	2	3	4	5	6	7
14.1. Transfer in and out of vehicle If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Client unable to transfer in/out of his car due to low seat height, insufficient space for extending left leg and risk of jolting/hitting healing limb (even with seat put all the way back). Client requires a wheelchair accessible taxi.		Independent ☐		☐	☐	☐	☐	☐	☐	☐
14.2. Storage of mobility aid If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. n/a when in w/c taxi		Independent ☐								
14.3. Use of seatbelt If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Requires assistance to secure w/c and client while in w/c taxi.		Independent ☐								

16. Home access	Independent ☒	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐
16.1. Use of equipment If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. N/A - client does not require any additional equipment to access controls in his home.	Independent ☒	
16.2. General mobility If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Client independent with manual w/c with left leg elevated on footrest. Hallways and doorways have been cleared for access. Home is all on one level in ground floor condo. Elevator access to garage.	Independent ☒	
16.3. Ascend/descend outdoor stairs or a ramp into the home If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. No stairs into home but there is a threshold at the front doorway which requires increased force to propel w/c over and creates jarring forces on his leg. Requires a 1.5" rise threshold ramp.	Independent ☒	
16.4. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., How did they enter/exit their home? Did they require assistance? How did they access controls within the home?). Independent home access and controls access within home. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations: 1.5" rise threshold ramp- to facilitate ease and independence with wheeling w/c in/out of front entrance of condo; as well as to decrease jarring of healing limb while wheeling over threshold		

17. Stair use	Independent ☐	1 ☒	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
17.1. Ascend/descend indoor stairs in the customer's home If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☐						
17.2. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., Did they require the use of stairs within the home for daily activities? Did they require assistance?). No stairs within this home. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations:								
18. Eating/drinking	Independent ☒	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
18.1. Use of utensils If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☒						
18.2. Drink to mouth If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☒						

18.3. Special equipment If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. N/A		Independent ☐								
18.4. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., What was their eating and drinking ability? Were any special devices used? Did they require assistance?). Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations:										
19. Grooming/hygiene		Independent ☐		1	2	3	4	5	6	7
19.1. Oral care If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Difficulty situating self in bathroom at counter and sink due to w/c use with elevated leg rest. Needs to be set up with oral care equipment and provided with spit bowl as he cannot easily reach sink. Independent with brushing and flossing once set-up.		Independent ☐		☐	☐	☐	☐	☐	☐	☐
19.2. Shaving If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Difficulty situating self in bathroom at counter as stated above in 19.1. Needs to be set up with shaving equipment and provided with bowl. Independent with shaving once set-up and with a mirror.		Independent ☐								
19.3. Hair grooming If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☒								

19.4. Nail (finger/toe) care If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Client observed to be unable to reach left foot due to cannot bend left leg, and requires help to remove air cast for right toe nail access. Independent with finger nail care.		Independent ☐	
19.5. Washing hands/face If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Requires set-up to wash face as cannot easily access sink with w/c and left leg extended.		Independent ☐	
19.6. Applying make-up If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. N/A		Independent ☐	
19.7. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., What was their typical grooming routine? Did they require assistance?). Independent with all grooming tasks. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☒ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations:			
20. Dressing/undressing		Independent ☐	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
20.1. Set-up If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Requires assistance to access and set out clothing, socks, underwear, shoes. Client unable to open dresser drawers, unable to reach to closet rod. Limited mobility to access clothing due to use of w/c with non-weight bearing and extended left leg and right foot in air cast.		Independent ☐	

20.2. Lower body If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Client observed to be in a lot of pain if left leg jostled. He needs careful assistance to dress his leg to reduce the chance of clothing catching on his brace or jarring his leg. Requires assistance for dressing lower body in loose clothing. Observed to be wearing loose shorts during assessment. Wife assisted him to dress.		Independent ☐	
20.3. Upper body If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☒	
20.4. Fasteners, buttons, zippers If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.		Independent ☒	
20.5. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., What was their dressing/undressing ability? Were any special devices used? Did they require assistance?). Independent with dressing/undressing. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☒ 51-75% (Class 3) ☐ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations:			
21. Orthosis/prosthesis		Independent ☐	1 2 3 4 5 6 7 ☐ ☐ ☐ ☐ ☐ ☐ ☐
21.1. State type of orthosis/prosthesis devices If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. - post-op knee brace on left leg - air cast on right foot Client requires assistance to don/doff both braces due to pain with movement and touch, especially on left leg. Difficulty reaching to right foot with limitations on extended left leg (and tight hamstrings) impacting his ability to reach his right foot.		Independent ☐	

21.2. Summary of Assistance Required: Pre-Accident Engagement: Describe customer engagement in activity (e.g., What orthosis/prosthesis did they use pre-accident? Did they require assistance to don/doff?). Client did not use any orthosis pre-MVA. Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☒ more than 75% (Class 4) Assistive/Adaptive Devices/Technology Recommendations:									
22. Bathing/showering		Independent ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
22.1. Set-up If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Requires assistance to set-up bath chair, needs 2WW to transfer to shower chair. Requires assistance to reach shower controls.		Independent ☐							
22.2. Transfer in/out of tub or shower If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Has walk-in shower with curtain and slight threshold (~2"). Client observed to transfer with assistance to lift and protect left leg during transfer from w/c to shower chair and using 2WW for support to complete pivot transfer.		Independent ☐							
22.3. Washing and rinsing If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Once set-up with handheld shower head and soap, client can use long handled sponge to reach feet, legs and back.		Independent ☐							
22.4. Drying If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Client able to dry head and upper body. Will require assistance to gently dry lower body legs and feet due to limited ability to bend fully at waist and reach to feet due to left leg injury and unable to bend this knee.		Independent ☐							

22.5. Summary of Assistance Required:

Pre-Accident Engagement: Describe customer engagement in activity (e.g., What was their typical routine and ability to bathe/shower? Were any devices/equipment used? Did they require assistance?).

Independent with showering

Level of Assistance Required for Entire Activity: ☐ 0-25% (Class 1) ☐ 26-50% (Class 2) ☒ 51-75% (Class 3) ☐ more than 75% (Class 4)

Assistive/Adaptive Devices/Technology Recommendations:

Long-handled sponge- to facilitate independence with washing self due to limitations to reaching feet, legs and back

23. Toileting	Independent ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐
23.1. Transfer on/off toilet If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. Client observed to transfer with assistance from w/c to toilet. Assistance required to lift and protect left leg during transfer in tight space. Client holding counter beside sink. Requires a raised toilet seat with arms to increase safety and ease of toilet transfer.	Independent ☐							
23.2. Genital/perineal hygiene If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries.	Independent ☒							
23.3. Use of special devices If requires assistance, describe assessment findings (testing results, observations, etc.), need for assistance, and recommendations, including justification that is directly related to accident injuries. N/A	Independent ☐							

23.4. Summary of Assistance Required:

Pre-Accident Engagement: Describe customer engagement in activity (e.g., What was their toileting ability? Were any special devices used? Did they require assistance?).

Independent with toileting.

Level of Assistance Required for Entire Activity: ☒ 0-25% (Class 1) ☐ 26-50% (Class 2) ☐ 51-75% (Class 3) ☐ more than 75% (Class 4)

Assistive/Adaptive Devices/Technology Recommendations:

4" Raised toilet seat with arms- to facilitate increased ease and safety with assisted toilet transfer

Level 3 Activities — Bowel and bladder care**24. Incontinence garment, catheter, disimpaction**

a. Does the customer require an incontinence garment? If yes, is the customer independent?	☐ Yes ☐ Yes	☒ No ☐ No
b. Does the customer require a catheter? If yes, is the customer independent?	☐ Yes ☐ Yes	☒ No ☐ No
c. Does the customer require bowel disimpaction? If yes, is the customer independent?	☐ Yes ☐ Yes	☒ No ☐ No

Section 2 – Supervision Requirements

25. Supervision	Independent ☒	1	2	3	4	5	6	7
		☐	☐	☐	☐	☐	☐	☐

25.1. Summary of Supervision Required that is Not Related to an Activity Listed Above (e.g., overnight supervision)

Pre-Accident Need for Supervision: Describe status of supervision (e.g., Did they require supervision pre-accident? if so, describe what supervision was required, how many hours were provided, and by whom?).

Current Status and Need for Supervision: Describe customer's need for supervision

Supervision Requirements: Average Number of Hours Per Day

Independent
☐

Personal Care Assistance Assessment Report — Scoring Sheet

Section 1 – Personal Care Activities	Personal Care Activities Scoring Sheet					
Level 1 Activities — Home and community management	N/A	Class 1	Class 2	Class 3	Class 4	Enter Score
1. Meal preparation — breakfast	0	1	2	3	4	4
2. Meal preparation — lunch	0	1.5	3	4.5	6	6.0
3. Meal preparation — dinner	0	2	4	6	8	4
4. Light housekeeping	0	3			6	3
5. Heavy housekeeping	0	0			3	0
6. Laundry	0	1			2	0
7. Yard work	0	0			3	0
8. Shopping for personal needs	0	0			1	1
9. Using private or public transportation other than transfers	0	0			1	1
10. Undertake community outings	0	0			1	0
11. Managing personal finances, or personal medication, or both	0	0			1	0
	Total Score for Level 1 (Line 101)					19.0
Section 1 – Personal Care Activities	Personal Care Activities Scoring Sheet					
Level 2 Activities — Mobility and self-care	N/A	Class 1	Class 2	Class 3	Class 4	Enter Score
12. Transferring to and from bed	0	1.5			3	0.0
13. Adjusting and maintaining position in bed	0	1.5			3	0.0
14. Transfers — Vehicle	0	2			4	4
15. Transfers — Two person or lift	0	0			6	0
16. Home access	0	4			7	0
17. Stair use	0	1.5			3	0.0
18. Eating/drinking	0	4			16	0
19. Grooming/hygiene	0	2			3	2
20. Dressing/undressing	0	1.5	3	4.5	6	4.5
21. Orthosis/prosthesis	0	2			3	3
22. Bathing/showering	0	2	4	6	8	6
23. Toileting	0	6			12	6
	Total Score for Level 2 (Line 102)					25.5

Level 3 Activities — Bowel and bladder care	N/A	Class 1	Class 2	Class 3	Class 4	Enter Score
24. Incontinence garment, catheter, disimpaction	0		8		16	0
	Total Score for Level 3 (Line 103)					0

Section 2 – Supervision Requirements	Score	Enter Score
25. Supervision	Average number of hours per day ____ x 12 =	0
	Total Score for Supervision (Line 104)	0

Personal Care Assistance Activity	Enter the Total Score for each Section	Multiply by Weighting Factor	Calculate and enter each Weighted Score
Section 1 — Level 1 Activities — Home and community management	Line 101 19.0	x 1.00 =	Line 106 19.00
Section 1 — Level 2 Activities — Self-care and mobility	Line 102 25.5	x 1.05 =	Line 107 26.78
Section 1 — Level 3 Activities — Bowel and bladder care	Line 103 0	x 2.54 =	Line 108 0.00
Section 2 — Supervision requirements	Line 104 0	x 1.00 =	Line 109 0.00
Calculate and enter the Total Score (Line 101 + Line 102 + Line 103 + Line 104)	Line 105 44.5		
If the Total Score (Line 105) is below 9 then customer does not qualify and no further calculation is required			
If the Total Score (Line 105) is 9 or above then continue with the calculations below			
Calculate and enter the Total Weighted Score (Line 106 + Line 107 + Line 108 + Line 109)			Line 110 45.78

I certify that: (click box)

- ☒ When submitting this report, all information is accurate and complete based on all available information, treatments, and assessments performed.
Providing false or misleading information may result in the cancellation of your vendor number, and ICBC may seek financial restitution and/or take legal action.

Select one of the following:

- ☒ I have obtained consent from the client to share all information related to the history, examination, assessment and management of the injury related to the motor vehicle accident with ICBC.
- ☐ This report is being provided pursuant to a request by ICBC under Section 28 or Section 28.1 of the *Insurance (Vehicle) Act*.

16JUN2026

HEALTHCARE PROVIDER SIGNATURE

DATE

Please send a copy of this completed form to ICBC's attention at your earliest convenience. Thank you for your anticipated cooperation regarding this matter.

Personal information on this form is being collected under Section 26 of the *Freedom of Information and Protection of Privacy Act* (BC) and section 28 or 28.1 of the *Insurance (Vehicle) Act* (BC) for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information may be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.



Personal Care Assistance Assessment Report — Addendum

This addendum form must be completed in addition to the Personal Care Assistance Assessment Report.

Personal Care Assistance Services Recommendations

Service item	Recommend hours (Note: Recommended hours are subject to ICBC funding authorization and should not be communicated to the client prior to such authorization)				
Total Homemaking	2	visits/week	2	hours/visit	12 weeks
Total Attendant Care	2	visits/week	2	hours/visit	12 weeks
Services required (select all that apply)					
Level 1 Activities — Home and community management					
☒ Meal preparation ☒ Shopping for personal needs					
☒ Light housekeeping ☒ Using private or public transportation (excluding transfers)					
☒ Heavy housekeeping ☒ Undertaking community outings					
☐ Laundry ☐ Managing personal finances, or personal medication, or both					
☐ Yard work					
Level 2 Activities — Mobility and self-care					
☐ Transferring to and from bed ☐ Eating/drinking					
☐ Adjusting and maintaining position in bed ☒ Grooming/hygiene					
☒ Vehicle transfers ☒ Dressing/undressing					
☐ Two-person transfers ☒ Donning/doffing orthosis/prosthesis					
☐ Home access ☒ Bathing/showering					
☐ Stair use ☒ Toileting					
Level 3 Activities — Bowel and bladder care					
☐ Incontinence garment, catheter, disimpaction					

PCA Reassessment

IS A REASSESSMENT RECOMMENDED	IF YES, INCLUDE RECOMMENDED DATE (dd/mm/yyyy)
☒ Yes ☐ No	31Aug2026

Summary of Assistive/Adaptive Devices/Technology Recommendations (if applicable)

Provide a summary list of all recommended items from the activities above:

- LH reacher, bed assist rail, leg elevation pillow, 1.5" rise threshold ramp, LH sponge, 4" raised toilet seat with arms
- Client will require wheelchair accessible taxi transportation.

Additional Comments/Recommendations (Optional)

Additional comments or recommendations for personal care assistance services, as applicable (e.g., Does the customer require nursing services?).

Client will require specialized nursing care for foot/toe nail care monthly.

Communication Request (Optional)

Do you wish to have a phone consult with the claim file handler? ☐ Yes ☒ No Note: For urgent customer needs impacting customer safety, please contact the ICBC claim file handler directly. If yes, specify the purpose of the phone consult. Depending on the nature of the discussion, this communication may be billable; refer to the Occupational Therapy program guide. Communication for administrative correspondence is not billable.
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