



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 -78910	DATE OF ACCIDENT (dd/mm/yyyy) 01-Mar-2023	DATE OF REPORT (dd/mm/yyyy) 07-Jul-2026	VENDOR NUMBER 1234
INVOICE/REFERENCE NUMBER 2	PAYEE NAME ABC OT		
PAYEE ADDRESS 1234 W.5th St., Vancouver, BC, V1A 2W8			
PAYEE ADDRESS			

PRACTITIONER INFORMATION

FIRST NAME Claire	LAST NAME Holland	PRACTITIONER NUMBER
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CUSTOMER INFORMATION

FIRST NAME Jasmeet	LAST NAME Singh	DATE OF BIRTH (dd/mm/yyyy) 01-May-1965	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) 4/15/23	AND INCLUDE DATE OF MOST RECENT PCA RE-ASSESSMENT REPORT (dd/mm/yyyy) 2/7/26
OT INITIAL REPORT COMPLETED ☒ Yes ☐ No	IF YES, INCLUDE DATE OF REPORT (dd/mm/yyyy) AND NAME OF PRACTITIONER OR ☐ REPORT PENDING 4/15/23 Claire Holland	
OT PROGRESS REPORT COMPLETED ☒ Yes ☐ No	IF YES, INCLUDE DATE OF MOST RECENT REPORT (dd/mm/yyyy) AND NAME OF PRACTITIONER OR ☐ REPORT PENDING 2/8/26 Claire Holland	

MEDICAL AND REHABILITATION INFORMATION

1. Accident diagnosis (please provide source of information) (NOTE: For Sample Report Background Info - See attached addendum for reference)
☒ No Change - see previous PCA Assessment Report
2. Medical restrictions and limitations (if applicable)
☒ No Change - see previous PCA Assessment Report

3. Upcoming medical procedures (if applicable)

☒ 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.

☒ 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.

☒ 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.

☒ 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).

☒ No Change - see previous PCA Assessment Report

8. Does the customer have a pre-accident caregiver role? ☐ Yes ☐ No

Describe briefly:

☒ 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 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 physically access, lift/carry, and use tools for breakfast prep. His wife assists with monitoring to address decreased safety awareness, distractibility, and impaired self-monitoring (e.g., milk being left in the cupboard instead of the fridge). His wife reported that this type of mistake happens a couple of times per week and she has been required to provide verbal assistance (cueing) when he gets distracted mid-way through and does not fully complete a task.		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. Client participates in making simple meals. He is able to complete simple meal preparation when tasks are broken down into smaller steps and verbal assistance is provided (cueing/prompting to initiate appropriate steps). The OT observed Mr. Singh making tea and toast during the assessment. He required some verbal assistance (intermittent cueing) to ensure the toaster was plugged in and to use appropriate safe food handling (e.g., oven mitts with hot items).	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. Client observed to set table with basic items and use a checklist to ensure all items accounted for.	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. Client observed to clean-up following a simple meal. Wife reports he requires monitoring and occasional verbal assistance (cueing) to ensure items cleaned properly and put away in appropriate places. He has improperly cleaned dishes and put items in the wrong place and this continues to be an issue.	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. 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: Stove auto-shut off device- recommended to increase safety for client when he is using the stove due to memory impairment from MVA-related injuries. Client will still require monitoring.	

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. Due to limitations with planning and organization, attention, memory, executive functioning and problem solving, the client requires increased monitoring (continuous supervision) throughout the entire meal preparation in order to ensure safety (e.g., not forgetting things on the stove, not forgetting instructions or ingredients, taking appropriate actions if problems arise) when preparing meals with increased complexity and the use of a hot oven/stove, such as lunch.		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 and made lunch regularly for himself. 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: Stove auto-shut off device- same as 1.5		

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. Client able to dust and was observed to do so while OT was assessing. He was able to dust the living room reaching from above head level to ground level with a long handled Swiffer duster. He was observed to ambulate and move about the living room without issue, demonstrating good balance and mobility. He required minor cueing to ensure he dusted all areas of the room.	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. Client was observed to sweep the kitchen independently with cueing required to initiate this task and to put the broom away afterwards.	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. Client asked to tidy the living room area. He was observed to pick up a few things off the floor but instead of putting them away in drawers, he placed them on the table. His wife was observed to cue him on where to put away items and he was able to follow these instructions.	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? Pre-MVA, client participated independently in light housekeeping regularly, he shared this task equally with his wife (performing ~50% 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: n/a								

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. Client's wife reports he is able to vacuum with verbal assistance (cueing) to initiate same and to recharge vacuum afterwards. OT requested he vacuum the living room and he was observed to do so with some prompting. Client left the vacuum by the couch when he finished and did not put it away properly until OT cued him to do so.	Independent ☐	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. Client's wife is making the bed and did so pre-MVA.	Independent ☐	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. Client's wife reports she is required to provide verbal assistance to the client for appropriate set-up. Otherwise, he will put the wrong cleaning solution in the mop which damages the floors. She reports she must provide verbal assistance (cueing) so that he will initiate this task when needed, and must supervise (monitor) the completion of this activity to ensure all floors have been cleaned. She also provides verbal assistance (cueing) so that the mop head is placed in the laundry and cleaning supplies are put away properly. This aligns with OT assessment of cognition on the ILS and on observed function with vacuum	Independent ☐	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. Client able to carry out house garbages (i.e., kitchen, bathroom) to garbage bin outside with verbal assistance to initiate task and to replace clean garbage bags in bins. Client observed to carry out a small garbage from bathroom once asked to do so by OT. Client required cueing to replace bag.	Independent ☐	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. Client's wife reports that client requires supervision to ensure safe and hygienic practices are followed (e.g., wearing gloves when cleaning the bathroom and toilet). He requires verbal assistance to cue him on which cleaning solutions are to be used for which tasks (e.g., toilet bowl cleaner, bleach spray for shower). He is unable to clean the oven due to difficulty remembering the steps on how to safely and appropriately utilize the auto-clean mode on the oven controls, and his wife is doing this task (which he used to do).	Independent ☐	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?).

Client participated in heavy housekeeping independently pre-MVA and shared these duties with his wife (performing ~50% pre-MVA), except for making the bed which his wife completed independently.

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.

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. Townhouse strata hires for this service. 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. Client completed trail finding exercise during assessment and exhibited difficulty with planning, initiating and finding an appropriate route. Observed to be distractable during assessment and to lose track of goal-oriented task. Client unable to navigate and complete shopping independently. He requires his wife to be present throughout the activity to provide supervision as he can get lost easily and overwhelmed in busy environments. Also, she must provide verbal assistance to cue him on where to find items and what items are on their shopping list. He gets fatigued after a short period of time (~15-30		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.		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. Client completed Independent Living Skills Assessment with OT. Client scored in the Low Range for managing money. He demonstrated difficulty calculating totals accurately and identifying ways to ensure accuracy when paying for items and avoiding potential errors (e.g., receiving inappropriate change, ensuring return policies). His wife is required to complete activities involving money management.		Independent ☐								

8.4. Summary of Assistance Required:

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?).

Client completed most (75% or more) of the shopping pre-MVA and was independent in all shopping related activities.

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 medically restricted from driving and unable to safely access public transit independently due to decreased insight, safety awareness, planning, problem solving and route finding as a result of his MVA-related injuries. He requires his wife to drive him to all medical and community appointments.

Independent

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9.2. Summary of Assistance Required:

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?).

Client drove his vehicle independently.

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

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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.

Client unable to plan, initiate and execute undertaking community outings in a safe and reliable manner. Wife reports client unable to remember what the doctor's recommendations are following medical appointments. He has also been observed to get overwhelmed when out in the community leading to irritation and impulsive behaviour (e.g., leaving the situation unexpectedly/impulsively when overwhelmed and stressed.

Independent

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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?).

Client was independent with financial and medication management.

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 independently without any issues.		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?). Independent 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:		
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 ☒

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?). Independent 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:										
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.				☐	☐	☐	☐	☐	☐	☐
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				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.				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. Wife reports client able to safely cut his finger and toes nails. Verbal assistance is required to cue client to initiate this task regularly and put away nail clippers appropriately. This aligns with OT assessed need, as mentioned in above components.		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. Verbal assistance (cueing to initiate) required, otherwise wife reports client is physically independent. This aligns with OT assessed need, as mentioned in above components.		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. Wife reports that client requires verbal assistance to select appropriate clothing for the weather. He requires physical assistance to set-up/lay out his clothing due to becoming overwhelmed (e.g., his wife will lay out a couple of options for him versus looking in the closet and having too many options leading to difficulty choosing). This aligns with OT assessment of decreased problem solving and awareness from the ILS.		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 is reported to be independent with dressing lower body.		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. Client is reported to be independent with dressing upper body.		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.		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?). 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. Client requires cueing/verbal assistance to shower regularly and to have his supplies ready to go by the shower (e.g., towel close by, soap in the shower, change of clothes ready). His wife is providing this support. This aligns with OT assessed need from functional evaluation (e.g., forgetting tasks during an activity) and decreased safety awareness from ILS assessment.		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.		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. Client physically able to wash himself but requires verbal assistance to ensure he washes all appropriate areas for hygiene, including his hair regularly. This aligns with the OT assessment from the ILS assessment tool and observation of other functional tasks where client had difficulty with initiation and ability to completely follow through with all necessary components of activities.		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 physically able to dry himself but requires verbal assistance to hang his towel after drying himself. This aligns with OT assessment, as stated in box 22.3.		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:

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.	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:

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?).

Client did not require any supervision pre-MVA.

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

His wife reports that client regularly wakes at night and becomes disoriented and agitated. He has tried to leave the home or start cooking at night. Due to impaired judgement, decreased safety awareness, risk for wandering, and irritability, he cannot be left alone at night and requires the availability to intervene.

Supervision Requirements: Average Number of Hours Per Day

8 hours per night

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	1			
2. Meal preparation — lunch	0	1.5	3	4.5	6	3			
3. Meal preparation — dinner	0	2	4	6	8	6			
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	1			
11. Managing personal finances, or personal medication, or both	0	0			1	1			
	Total Score for Level 1 (Line 101)					17			
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			
13. Adjusting and maintaining position in bed	0	1.5			3	0			
14. Transfers — Vehicle	0	2			4	0			
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			
18. Eating/drinking	0	4			16	4			
19. Grooming/hygiene	0	2			3	2			
20. Dressing/undressing	0	1.5	3	4.5	6	1.5			
21. Orthosis/prosthesis	0	2			3	0			
22. Bathing/showering	0	2	4	6	8	2			
23. Toileting	0	6			12	0			
	Total Score for Level 2 (Line 102)					9.5			

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	
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 =	96.
Total Score for Supervision (Line 104)		96.

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 17	x 1.00 =	Line 106 17
Section 1 — Level 2 Activities — Self-care and mobility	Line 102 9.5	x 1.05 =	Line 107 9.98
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 96.	x 1.00 =	Line 109 96
Calculate and enter the Total Score (Line 101 + Line 102 + Line 103 + Line 104)	Line 105 0.0		
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 110 122.98

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*.

07JUL26

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	4	visits/week	2	hours/visit	16 weeks
Total Attendant Care	3	visits/week	2	hours/visit	16 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	07NOV2026

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

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

Stove auto-shut off device (see clinical justification/rationale under activity)

Additional Comments/Recommendations (Optional)

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

It is recommended that the client receive (8h/night) 56h/week of supervision for overnight safety. Rationale and details are provided under Activity #25 - Supervision.

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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