

**Family Physician (FP) Reassessment Medical Report**

This form is to be completed by the primary care provider, whenever possible.



If applicable, please select the Lock button before submitting the form.
Please note: once the Lock button has been selected, the form will no longer be editable.

INVOICE INFORMATION			
Reminder: this report acts as the invoice once received by ICBC. There is no need to submit a separate invoice.			
CLAIM NUMBER	DATE OF CRASH (dd/mmm/yyyy)	DATE OF FP REPORT (dd/mmm/yyyy)	VENDOR NUMBER
INVOICE/REFERENCE NUMBER	PAYEE NAME		
PAYEE ADDRESS			
PAYEE ADDRESS			

PATIENT INFORMATION		
FIRST NAME	LAST NAME	
DATE OF BIRTH (dd/mmm/yyyy)	PERSONAL HEALTH NUMBER (PHN)	INTERPRETER REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No

PHYSICIAN INFORMATION	
FIRST NAME	LAST NAME
MSP/PRACTITIONER NUMBER	ARE YOU THE PATIENT'S REGULAR PHYSICIAN? <input type="checkbox"/> Yes <input type="checkbox"/> No

SUBJECTIVE (OPTIONAL)
KEY SUBJECTIVE COMPLAINTS

VOCATIONAL STATUS
1. IS THE PATIENT ABSENT FROM THE FOLLOWING AS A RESULT OF THE CRASH? Work: <input type="checkbox"/> Yes <input type="checkbox"/> No Training: <input type="checkbox"/> Yes <input type="checkbox"/> No School/Studies: <input type="checkbox"/> Yes <input type="checkbox"/> No Homemaking/caregiving: <input type="checkbox"/> Yes <input type="checkbox"/> No
If the patient is continuing to work, study, train, or provide homemaking/caregiving, indicate their status, as applicable
2. STATUS OF DUTIES Work: <input type="checkbox"/> Full <input type="checkbox"/> Modified Train: <input type="checkbox"/> Full <input type="checkbox"/> Modified Study: <input type="checkbox"/> Full <input type="checkbox"/> Modified Homemaking/caregiving: <input type="checkbox"/> Full <input type="checkbox"/> Modified
3. STATUS OF HOURS Work: <input type="checkbox"/> Full <input type="checkbox"/> Modified Train: <input type="checkbox"/> Full <input type="checkbox"/> Modified Study: <input type="checkbox"/> Full <input type="checkbox"/> Modified Homemaking/caregiving: <input type="checkbox"/> Full <input type="checkbox"/> Modified
If the patient is not continuing to work, study, train, or provide homemaking/caregiving
4. PROVIDE REASONS WHY THE PATIENT IS NOT WORKING, STUDYING, TRAINING, OR PROVIDING HOMEMAKING/CAREGIVING
5. DO YOU SUPPORT ANY CONTINUED RESTRICTIONS ON REGULAR DUTIES OR HOURS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide comments:
6. INDICATE THE EARLIEST DATE THE PATIENT COULD RETURN TO THEIR PRE-CRASH VOCATIONAL ACTIVITIES

AVOCATIONAL STATUS

7. HAS THE PATIENT RETURNED TO A PRE-CRASH LEVEL OF ACTIVITY OUTSIDE OF WORK?

 Yes No N/A (select if patient's avocational status was never impacted by the crash)

If No, provide comments and indicate the earliest date the patient could return to their avocational activities

8. IF THE PATIENT IS CONTINUING TO ENGAGE IN THEIR AVOCATIONAL ACTIVITIES, INDICATE THEIR STATUS, AS APPLICABLE

Duties: Regular Modified **Hours:** Regular Modified

If modified, provide additional details explaining reasoning and recommendations

Assessment (See drop down option for list of most commonly used codes)**DIAGNOSIS**

HAS THE DIAGNOSIS OF THE INJURIES SUSTAINED IN THE CRASH CHANGED SINCE THE LAST REPORT? (IF NO, SKIP TO NEXT SECTION)

 Yes No**PRIMARY DIAGNOSIS** – IDENTIFY THE MOST SERIOUS OR SIGNIFICANT INJURY

NATURE OF INJURY	BODY PART	ORIENTATION	ICD 9 CODE	ADDITIONAL COMMENTS

OTHER DIAGNOSIS – IDENTIFY ALL OTHER RELEVANT DIAGNOSES CAUSED BY OR RELATED TO THE CRASH

NATURE OF INJURY	BODY PART	ORIENTATION	ICD 9 CODE	ADDITIONAL COMMENTS

Key Objective Findings (Optional)**PHYSICAL EXAM**

KEY OBJECTIVE COMPLAINTS

MEDICAL RESTRICTIONS AND/OR LIMITATIONS

9. DESCRIBE ANY MEDICAL RESTRICTIONS OR LIMITATIONS

10. ARE THE RESTRICTIONS/LIMITATIONS Temporary Permanent

Provide details

BARRIERS TO RECOVERY (including Functional, Physical, Psychosocial, Employer, Medical or Compliance)

Recommended Care Management Plan

11. PROVIDE MANAGEMENT RECOMMENDATIONS INCLUDING WHICH TREATMENT(S), MEDICAL INVESTIGATION(S), OR REFERRAL(S) ARE APPROPRIATE TO ADDRESS THE PATIENT'S INJURY/ INJURIES, AS APPLICABLE

12. WILL THE PATIENT LIKELY REQUIRE ADDITIONAL THERAPY BEYOND THE ABOVE RECOMMENDED CARE MANAGEMENT PLAN?

Yes No

If "Yes", indicate:

PROGNOSIS AND RECOVERY TIMELINES

13. PROVIDE DETAILS ON PROGNOSIS:

14. PROVIDE DETAILS ON ANTICIPATED RECOVERY TIMELINES:

ADDITIONAL COMMENTS

By checking this box, I certify that the information provided is true and correct to the best of my knowledge.

Select one of the following:

I have obtained consent from the patient 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*.

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.

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

Fax 1-877-686-4222

Appendix – Common ICD 9 Codes

INJURY TYPE	ICD 9 CODE(S)
Mental disorders	<ul style="list-style-type: none"> • 300 Neurotic disorders • 309 Adjustment reaction
Symptoms, Signs, And Ill-Defined Conditions	<ul style="list-style-type: none"> • 781 symptoms involving nervous and musculoskeletal systems
Fractures	<ul style="list-style-type: none"> • 800 Fracture of vault of skull • 801 Fracture of base of skull • 802 Fracture of face bones • 803 Other and unqualified skull fractures • 804 Multiple fractures involving skull or face with other bones • 805 Fracture of vertebral column without mention of spinal cord injury • 806 Fracture of vertebral column with spinal cord injury • 807 Fracture of rib(s) sternum larynx and trachea • 808 Fracture of pelvis • 809 Ill-defined fractures of bones of trunk • 810 Fracture of clavicle • 811 Fracture of scapula • 812 Fracture of humerus • 813 Fracture of radius and ulna • 814 Fracture of carpal bone(s) • 815 Fracture of metacarpal bone(s) • 816 Fracture of one or more phalanges of hand • 817 multiple fractures of hand bones • 818 ill-defined fractures of upper limb • 819 multiple fractures involving both upper limbs, and upper limb with rib(s) and sternum • 820 fracture of neck of femur • 821 fracture of other and unspecified parts of femur • 822 fracture of patella • 823 fracture of tibia and fibula • 824 fracture of ankle • 825 fracture of one or more tarsal and metatarsal bones • 826 fracture of one or more phalanges of foot • 827 other, multiple and ill-defined fractures of lower limb • 828 multiple fractures involving both lower limbs, lower with upper limb, and lower limb(s) with rib(s) and sternum
Sprain/strains	<ul style="list-style-type: none"> • 840 Sprains and strains of shoulder and upper arm • 841 Sprains and strains of elbow and forearm • 842 Sprains and strains of wrist and hand • 843 Sprains and strains of hip and thigh • 844 Sprains and strains of knee and leg • 845 Sprains and strains of ankle and foot • 846 Sprains and strains of sacroiliac region • 847 Sprains and strains of other and unspecified parts of back • 848 Other and ill-defined sprains and strains
Concussion	<ul style="list-style-type: none"> • 850 Concussion
Contusion	<ul style="list-style-type: none"> • 920 Contusion of face, scalp, and neck except eye(s) • 921 Contusion of eye and adnexa • 922 Contusion of trunk • 923 Contusion of upper limb • 924 Contusion of lower limb and of other and unspecified sites