



INVOICE INFORMATION			
CLAIM NUMBER	DATE OF ACCIDENT (dd/mmm/yyyy)	DATE OF REPORT (dd/mmm/yyyy)	VENDOR NUMBER
INVOICE/REFERENCE NUMBER	PAYEE NAME		
PAYEE ADDRESS			
PAYEE ADDRESS			

CLIENT INFORMATION			
FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mmm/yyyy)	PERSONAL HEALTH NUMBER (PHN)

PRACTITIONER INFORMATION		
FIRST NAME	LAST NAME	PRACTITIONER NUMBER

Use the following legend when selecting a reason for 'Not applicable'

- 1 – No need to do this activity or the client derives no benefit from this activity
- 2 – Client did not normally perform this activity before the accident
- 3 – Activity not normally expected of a client of this age
- 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
<b>1. Meal preparation – breakfast</b>	Independent <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>1.1. Access to and use of food and tools needed for meal preparation</b> Comments:		Independent <input type="checkbox"/>
<b>1.2. Preparation of food</b> Comments:		Independent <input type="checkbox"/>

<b>1.3. Table set-up</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>1.4. Clean-up</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>1.5. Other</b> Comments:	
<b>2. Meal preparation – lunch</b>	<b>Independent</b> <input type="checkbox"/>
<b>2.1. Access to and use of food and tools needed for meal preparation</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>2.2. Preparation of food</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>2.3. Table set-up</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>2.4. Clean-up</b> Comments:	<b>Independent</b> <input type="checkbox"/>

<b>2.5. Other</b> Comments:													
<b>3. Meal preparation – dinner</b>						<b>Independent</b> <input type="checkbox"/>	<b>1</b> <input type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>	<b>4</b> <input type="checkbox"/>	<b>5</b> <input type="checkbox"/>	<b>6</b> <input type="checkbox"/>	<b>7</b> <input type="checkbox"/>
<b>3.1. Access to and use of food and tools needed for meal preparation</b> Comments:								<b>Independent</b> <input type="checkbox"/>					
<b>3.2. Preparation of food</b> Comments:								<b>Independent</b> <input type="checkbox"/>					
<b>3.3. Table set-up</b> Comments:								<b>Independent</b> <input type="checkbox"/>					
<b>3.4. Clean-up</b> Comments:								<b>Independent</b> <input type="checkbox"/>					
<b>3.5. Other</b> Comments:													

4. Light housekeeping	Independent <input type="checkbox"/>	1	2	3	4	5	6	7
<b>4.1. Dusting</b> Comments:	<b>Independent</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.2. Sweeping</b> Comments:	<b>Independent</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.3. General tidying of house</b> Comments:	<b>Independent</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.4. Other</b> Comments:								
5. Heavy housekeeping	Independent <input type="checkbox"/>	1	2	3	4	5	6	7
<b>5.1. Vacuuming</b> Comments:	<b>Independent</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.2. Making the bed</b> Comments:	<b>Independent</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.3. Washing floors</b> Comments:	<b>Independent</b> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5.4. Garbage disposal</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>5.5. Cleaning appliances/bathroom(s)</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>5.6. Other</b> Comments:	
<b>6. Laundry</b>	<b>Independent</b> <input type="checkbox"/>
<b>6.1. Access laundry area</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>6.2. Carry basket of clothes</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>6.3. Transfer of laundry</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>6.4. Ironing</b> Comments:	<b>Independent</b> <input type="checkbox"/>

<b>6.5. Folding</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>6.6. Other</b> Comments:	
<b>7. Yard work</b>	<b>Independent</b> <input type="checkbox"/>
<b>7.1. Raking leaves</b> Comments:	<b>1 2 3 4 5 6 7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> <input type="checkbox"/>
<b>7.2. Mowing lawn</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>7.3. Cleaning eaves troughs</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>7.4. Snow removal</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>7.5. Other</b> Comments:	

<b>8. Shopping for personal needs</b>	<b>Independent</b> <input type="checkbox"/>	<b>1 2 3 4 5 6 7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>8.1. Store access</b> Comments:	<b>Independent</b> <input type="checkbox"/>	
<b>8.2. Carrying items</b> Comments:	<b>Independent</b> <input type="checkbox"/>	
<b>8.3. Paying for items</b> Comments:	<b>Independent</b> <input type="checkbox"/>	
<b>8.4. Other</b> Comments:		
<b>9. Using private or public transportation other than transfers</b>	<b>Independent</b> <input type="checkbox"/>	<b>1 2 3 4 5 6 7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>9.1. Assistance required to complete activity</b> Comments:	<b>Independent</b> <input type="checkbox"/>	
<b>9.2. Other</b> Comments:		

<b>10. Undertake community outings</b>	<b>Independent</b> <input type="checkbox"/>	<b>1 2 3 4 5 6 7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>10.1. Specify what public services and neighborhood shopping, medical and personal care facilities the client makes use of</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>10.2. Assistance required to complete activity</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>10.3. Other</b> Comments:		
<b>11. Managing personal finances, or personal medication, or both</b>	<b>Independent</b> <input type="checkbox"/>	<b>1 2 3 4 5 6 7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>11.1. Manage personal finances</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>11.2. Manage personal medication</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>11.3. Other</b> Comments:		



Level 2 Activities – Mobility and self-care													
<b>12. Transferring to and from bed</b>						<b>Independent</b> <input type="checkbox"/>	<b>1</b> <input type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>	<b>4</b> <input type="checkbox"/>	<b>5</b> <input type="checkbox"/>	<b>6</b> <input type="checkbox"/>	<b>7</b> <input type="checkbox"/>
<b>12.1. Transfer in and out of bed</b> Comments:						<b>Independent</b> <input type="checkbox"/>							
<b>12.2. Other</b> Comments:													
<b>13. Adjusting or maintaining body position in bed</b>						<b>Independent</b> <input type="checkbox"/>	<b>1</b> <input type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>	<b>4</b> <input type="checkbox"/>	<b>5</b> <input type="checkbox"/>	<b>6</b> <input type="checkbox"/>	<b>7</b> <input type="checkbox"/>
<b>13.1. Adjust body position</b> Comments:						<b>Independent</b> <input type="checkbox"/>							
<b>13.2. Raise self in bed from lying to sitting</b> Comments:						<b>Independent</b> <input type="checkbox"/>							
<b>13.3. Other</b> Comments:													
<b>14. Transfers: Vehicle</b>						<b>Independent</b> <input type="checkbox"/>	<b>1</b> <input type="checkbox"/>	<b>2</b> <input type="checkbox"/>	<b>3</b> <input type="checkbox"/>	<b>4</b> <input type="checkbox"/>	<b>5</b> <input type="checkbox"/>	<b>6</b> <input type="checkbox"/>	<b>7</b> <input type="checkbox"/>
<b>14.1. Transfer in and out of vehicle</b> Comments:						<b>Independent</b> <input type="checkbox"/>							

<b>14.2. Storage of mobility aid</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>14.3. Use of seatbelt</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>14.4. State use of any specialized transportation service</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>14.5. Other</b> Comments:	
<b>15. Transfers: Two person or lift</b>	<b>Independent</b> <input type="checkbox"/>
<b>15.1. State type of lift used with client</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>15.2. Other</b> Comments:	
<b>16. Home access</b>	<b>Independent</b> <input type="checkbox"/>
<b>16.1. Use of equipment</b> Comments:	<b>Independent</b> <input type="checkbox"/>

<b>16.2. General mobility</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>16.3. Ascend/descend outdoor stairs or a ramp into the home</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>16.4. Other</b> Comments:	
<b>17. Stair use</b>	<b>Independent</b> <input type="checkbox"/>
<b>17.1. Ascend/descend indoor stairs in the client's home</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>17.2. Other</b> Comments:	
<b>18. Eating/drinking</b>	<b>Independent</b> <input type="checkbox"/>
<b>18.1. Use of utensils</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>18.2. Drink to mouth</b> Comments:	<b>Independent</b> <input type="checkbox"/>

<b>18.3. Special equipment</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>18.4. Other</b> Comments:	
<b>19. Grooming/hygiene</b>	<b>Independent</b> <input type="checkbox"/>
<b>19.1. Oral care</b> Comments:	<b>1 2 3 4 5 6 7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> <input type="checkbox"/>
<b>19.2. Shaving</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>19.3. Hair grooming</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>19.4. Nail (finger/toe) care</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>19.5. Washing hands/face</b> Comments:	<b>Independent</b> <input type="checkbox"/>

<b>19.6. Applying make-up</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>19.7. Other</b> Comments:	
<b>20. Dressing/undressing</b>	<b>Independent</b> <input type="checkbox"/>
<b>20.1. Set-up</b> Comments:	<b>1 2 3 4 5 6 7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Independent</b> <input type="checkbox"/>
<b>20.2. Lower body</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>20.3. Upper body</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>20.4. Fasteners, buttons, zippers</b> Comments:	<b>Independent</b> <input type="checkbox"/>
<b>20.5. Other</b> Comments:	

<b>21. Orthosis/prosthesis</b>	<b>Independent</b> <input type="checkbox"/>	<b>1 2 3 4 5 6 7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>21.1. State type of orthosis/prosthesis devices</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>21.2. Other</b> Comments:		
<b>22. Bathing/showering</b>	<b>Independent</b> <input type="checkbox"/>	<b>1 2 3 4 5 6 7</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>22.1. Set-up</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>22.2. Transfer in/out of tub or shower</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>22.3. Washing and rinsing</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>22.4. Drying</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>22.5. Other</b> Comments:		

23. Toileting	Independent <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>23.1. Transfer on/off toilet</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>23.2. Genital/perineal hygiene</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>23.3. Use of special devices</b> Comments:		<b>Independent</b> <input type="checkbox"/>
<b>23.4. Other</b> Comments:		
<b>Level 3 Activities – Bowel and bladder care</b>		
<b>24. Diaper, catheter, disimpaction</b>		
a. Does the client require a diaper? If yes, is the client independent?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Does the client require a catheter? If yes, is the client independent?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the client require bowel disimpaction? If yes, is the client independent?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Supervision	Independent <input type="checkbox"/>	1 2 3 4 5 6 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>25.1. Supervision</b> Comments:		<b>Independent</b> <input type="checkbox"/>

**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	
2. Meal preparation – lunch	0	1.5	3	4.5	6	
3. Meal preparation – dinner	0	2	4	6	8	
4. Light housekeeping	0	3			6	
5. Heavy housekeeping	0	0			3	
6. Laundry	0	1			2	
7. Yard work	0	0			3	
8. Shopping for personal needs	0	0			1	
9. Using private or public transportation other than transfers	0	0			1	
10. Undertake community outings	0	0			1	
11. Managing personal finances, or personal medication, or both	0	0			1	
	<b>Total Score for Level 1</b> <i>(Line 101)</i>					
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	
13. Adjusting and maintaining position in bed	0	1.5			3	
14. Transfers – Vehicle	0	2			4	
15. Transfers – Two person or lift	0	0			6	
16. Home access	0	4			7	
17. Stair use	0	1.5			3	
18. Eating/drinking	0	4			16	
19. Grooming/hygiene	0	2			3	
20. Dressing/undressing	0	1.5	3	4.5	6	
21. Orthosis/prosthesis	0	2			3	
22. Bathing/showering	0	2	4	6	8	
23. Toileting	0	6			12	
	<b>Total Score for Level 2</b> <i>(Line 102)</i>					
Level 3 Activities – Bowel and bladder care	N/A	Class 1	Class 2	Class 3	Class 4	Enter Score
24. Diaper, catheter, disimpaction	0	8			16	



Section 2 – Supervision Requirements	Score	Enter Score
25. Supervision	Average number of hours per day ___ x 12 =	
	<b>Total Score for Supervision</b> (Line 104)	

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

I certify that: (click box)

- When submitting a medical 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*.

\_\_\_\_\_  
HEALTHCARE PROVIDER SIGNATURE

\_\_\_\_\_  
DATE

Please send a copy of this completed form to my 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.



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	visits/week	hours/visit	weeks
Total Attendant Care	visits/week	hours/visit	weeks
<b>Services required (select all that apply)</b>			
<b>Level 1 Activities — Home and community management</b>			
<input type="checkbox"/> Meal preparation <input type="checkbox"/> Light housekeeping <input type="checkbox"/> Heavy housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Yard work	<input type="checkbox"/> Shopping for personal needs <input type="checkbox"/> Using private or public transportation (excluding transfers) <input type="checkbox"/> Undertaking community outings <input type="checkbox"/> Managing personal finances, or personal medication, or both		
<b>Level 2 Activities — Mobility and self-care</b>			
<input type="checkbox"/> Transferring to and from bed <input type="checkbox"/> Adjusting and maintaining position in bed <input type="checkbox"/> Vehicle transfers <input type="checkbox"/> Two person transfers <input type="checkbox"/> Home access <input type="checkbox"/> Stair use	<input type="checkbox"/> Eating/drinking <input type="checkbox"/> Grooming/hygiene <input type="checkbox"/> Dressing/undressing <input type="checkbox"/> Donning/doffing orthosis/prosthesis <input type="checkbox"/> Bathing/showering <input type="checkbox"/> Toileting		
<b>Level 3 Activities — Bowel and bladder care</b>			
<input type="checkbox"/> Diaper, catheter, disimpaction			

**Additional Comments/Recommendations (Optional)**

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

**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 claim file handler directly.

If Yes, specify purpose of phone consult (contingent on the nature of the discussion, this communication may be billable; refer to the Occupational Therapy Performance Standards. Note that communication for the purpose of administrative correspondence is not funded):