



**Mild traumatic brain injury  
program of care (mTBI POC)  
mid-point report**

|              |
|--------------|
| Claim number |
|--------------|

| A. Injured person information                              |  |                              |  |   |
|--|--|------------------------------|--|---|
| Last name  |  | First name                   |  | Initials                                    |
| Date of birth (dd/mmm/yyyy)                                |  | Date of injury (dd/mmm/yyyy) |  | Date(s) of initial assessment (dd/mmm/yyyy) |
| <b>This report must be completed at the end of block 1</b> |  |                              |  |   |

| B. Regulated health professional information  |  |                                      |  |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Chiropractor <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Other (specify) _____ |  |                                      |  |
| Name  |  | Date of report (dd/mmm/yyyy)         |  |
| Facility name   |  | Date of last treatment (dd/mmm/yyyy) |  |
| Address (number, street, unit / suite)  |  | WSIB provider ID                     |  |
| City/town   |  | Province                             |  |
| Postal code   |  | Telephone                            |  |
| Service code<br><b>MTBRMPR</b>  |  |                                      |  |
| Complete these fields if HST is applicable to this form   |  |                                      |  |
| HST registration number   |  | Service code<br><b>ONHST</b>         |  |
| HST amount billed   |  |                                      |  |

| C. Functional information  |               |                 |   |  |  |
|--|---------------|-----------------|---|--|--|
| Administer and record the scores for the Patient-Specific Functional Scale (PSFS) for three to five functional activities, at least two of which are work-related. The PSFS is available at <a href="http://www.wsib.ca">www.wsib.ca</a> . |               |                 |   |  |  |
| Functional activity  | Initial score | Mid-point score | Relevant physical demands / functional requirements | Clinician's assessment of current ability      |  |
| E.g. Lift from floor level   | 3/10          | 5/10            | Lift 30 lb box from floor level, using both hands.  | Can lift 25 lb from 8" elevation to hip level. |  |
| 1.   | /10           | /10             |   |  |  |
| 2.   | /10           | /10             |   |  |  |
| 3.   | /10           | /10             |   |  |  |
| 4.   | /10           | /10             |   |  |  |
| 5.   | /10           | /10             |   |  |  |
| Total: Divide the total score by the number of activities (minimum three activities)   |               | /10             | /10   |  |  |

Contact [accessibility@wsib.on.ca](mailto:accessibility@wsib.on.ca) if you require this communication in an alternative format.

200 Front Street West, Toronto, Ontario, M5V 3J1

[www.wsib.ca/upload](http://www.wsib.ca/upload) | Toll free: 1-800-387-0750 | TTY: 1-800-387-0050 | Fax: 1-888-313-7373

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|                             |                                |          |
|-----------------------------|--------------------------------|----------|
| Last name                   | First name                     | Initials |
| Date of birth (dd/mmm/yyyy) | Date of accident (dd/mmm/yyyy) |          |

**D. Additional interventions and referral recommendations**

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

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

|  |  |
|--|--|
| <input type="checkbox"/> WSIB Community Mental Health Program (psychology)<br><input type="checkbox"/> Psychiatry<br><input type="checkbox"/> WSIB Neurology Specialty Program<br><input type="checkbox"/> WSIB Occupational Health Assessment Program (OHAP), mTBI Assessment<br>Reason for referral: | <input type="checkbox"/> Other WSIB Specialty Programs<br><input type="checkbox"/> WSIB Return to Work Specialist<br><input type="checkbox"/> Other (specify): |
|--|--|

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