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

PRACTITIONER INFORMATION		
FIRST NAME	LAST NAME	PRACTITIONER NUMBER

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

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/mmm/yyyy)	AND INCLUDE DATE OF MOST RECENT PCA RE-ASSESSMENT REPORT (dd/mmm/yyyy)
OT INITIAL REPORT COMPLETED ☐ Yes ☐ No	IF YES, INCLUDE DATE OF REPORT (dd/mmm/yyyy) AND NAME OF PRACTITIONER OR ☐ REPORT PENDING	
OT PROGRESS REPORT COMPLETED ☐ Yes ☐ No	IF YES, INCLUDE DATE OF MOST RECENT REPORT (dd/mmm/yyyy) AND NAME OF PRACTITIONER OR ☐ REPORT PENDING	

MEDICAL AND REHABILITATION INFORMATION

1. Accident diagnosis (please provide source of information)

☐ 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.		**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.	**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.	**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.	**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?

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:

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.

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.

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.

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.

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?

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:

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.

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.

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.

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.

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?

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. 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.

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.

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.

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?

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:

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.		**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.		**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.		**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.		**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.		**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?).

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:

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?).

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?).

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.

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.

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?).

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.

Independent ☐

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?).

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.

Independent ☐

10.2. Assistance required to complete activity

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 ☐

10.3. Summary of Assistance Required:

Pre-Accident Engagement: Describe customer engagement in activity (e.g., How did they undertake community outings pre-accident, including planning and executing outings?).

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:

11. Managing personal finances, personal medication, or both

Independent ☐

1 ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐

11.1. Manage personal finances

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 ☐

11.2. Manage personal medication

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 ☐

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.		**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:

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?).

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.

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.

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 ☐

14.4. State use of any specialized transportation service

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 ☐

14.5. Summary of Assistance Required:

Pre-Accident Engagement: Describe customer engagement in activity (e.g., What is their ability to transfer in/out of a vehicle for transportation? 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:

15. Transfers: Two-person or lift

Independent ☐

1 ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐

15.1. State type of lift used with customer

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 ☐

15.2. Summary of Assistance Required:

Pre-Accident Engagement: Did the customer require a two-person or lift transfer prior to the accident?

Level of Assistance Required for Entire Activity: ☐ more than 75% (Class 4)

Assistive/Adaptive Devices/Technology Recommendations:

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.		**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.		**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.		**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?).

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:

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?).

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.	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.	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.	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.

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.

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.

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?).

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.

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.

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?).

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.		**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.		**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.		**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?).

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.		**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?).

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

Independent ☐

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

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	
					Total Score for Level 1 *(Line 101)*	**0.0**

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	
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	
					Total Score for Level 2 *(Line 102)*	**0.0**

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 =	
	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* **0.0**	**x 1.00 =**	*Line 106* **0.00**
Section 1 — Level 2 Activities — Self-care and mobility	*Line 102* **0.0**	**x 1.05 =**	*Line 107* **0.00**
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* **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*

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*.

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	visits/week	hours/visit	weeks
Total Attendant Care	visits/week	hours/visit	weeks

Services required (select all that apply)

Level 1 Activities — Home and community management

- ☐ Meal preparation
- ☐ Light housekeeping
- ☐ Heavy housekeeping
- ☐ Laundry
- ☐ Yard work
- ☐ Shopping for personal needs
- ☐ Using private or public transportation (excluding transfers)
- ☐ Undertaking community outings
- ☐ Managing personal finances, or personal medication, or both

Level 2 Activities — Mobility and self-care

- ☐ Transferring to and from bed
- ☐ Adjusting and maintaining position in bed
- ☐ Vehicle transfers
- ☐ Two-person transfers
- ☐ Home access
- ☐ Stair use
- ☐ Eating/drinking
- ☐ Grooming/hygiene
- ☐ Dressing/undressing
- ☐ Donning/doffing orthosis/prosthesis
- ☐ Bathing/showering
- ☐ Toileting

Level 3 Activities — Bowel and bladder care

- ☐ Incontinence garment, catheter, disimpaction

PCA Reassessment

IS A REASSESSMENT RECOMMENDED	IF YES, INCLUDE RECOMMENDED DATE (dd/mmm/yyyy)
☐ Yes ☐ No	

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

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

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 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.