

Visit wsib.ca/submit to submit this form and supporting documents.

When the opportunity for return to work is identified, the psychologist should fill out the form below.

A. Injured or ill person information			
Last name		First name	
Address		City/Town	Province
		Postal Code	
Date of birth (dd/mmm/yyyy)		Date of Incident (dd/mmm/yyyy)	
By signing below, I am authorizing WSIB to provide my employer with this form related to my function abilities.			
Signature			Date (dd/mmm/yyyy)
Check this box if you are completing and submitting this form electronically. This represents your signature. You must fill out your name and the date above.			

B. Health professional information				
Psychologist's name			Facility name	
Address				
City/Town	Province	Postal Code	Telephone	
WSIB provider ID.	Your invoice number	Date of visit (dd/mmm/yyyy)	Service code MHPRTW	
Complete these fields if HST is applicable to this form				
HST Registration number		Service code ONHST	HST amount billed	

When the opportunity for return to work is identified, please provide a summary of the return-to-work recommendations that can be shared with the injured or ill person and their employer.

Regarding return to work, I recommend: RTW - Full abilities OR RTW - With restrictions/limitations/accommodations
1. Recommended restrictions/limitations/accommodations:
2.

Email accessibility@wsib.on.ca if you need a different format or accommodation. Disponible en français.

Last name	First name
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3.

4.

5.

Expected duration of restrictions/limitations/accommodations

Psychologist's name	Signature	Date (dd/mmm/yyyy)
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