

**PSYCHOLOGICAL
 INITIAL ASSESSMENT REPORT**

Client _____

Claim No. _____

Doctor/Therapist _____

Case Manager _____

Date of Initial Assessment _____

Report Date _____

Rehabilitation Goal:

- Assessment / Adjudication
- Prepare for return to pre-accident work
- Prepare for return to modified or new job

- Assist to stay in work
- Improve quality of life/function

**BACKGROUND
 INFORMATION**

Summary of Incident (what specifically occurred and how did the client react at the time):

**ASSESSMENT
FINDINGS**

Clinical Interview Results (Psychological impact of incident; current symptoms; impact of current symptoms on functioning at home/work; and relevant psychosocial history including prior mental health issues):

Psychometric Test Results:

CONCLUSIONS

Multi-axial DSM-IV Diagnosis and relatedness to workplace injury:

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Factors Affecting Treatment Prognosis (Rehabilitation barriers including potential workplace re-entry issues):

Specific Work Limitations:

What modified work or volunteer activities could the client perform that addresses the above limitations?

Client _____

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RECOMMENDATIONS

Proposed Treatment Plan (Please include outline of specific treatment interventions planned, anticipated number of visits, duration of treatment):

Treatment Objectives: How will the treatment assist the client to improve functioning toward the rehabilitation goal over the next 4-6 sessions?

Additional Comments:

Would you like a: Case manager or WorkSafeNB psychology consultant to contact you?

Signature _____

Date _____

Please note that report is due within 14 days of request.

PLEASE FORWARD TO WORKSAFE NB - P.O. Box 160, Saint John (New Brunswick) E2L 3X9 OR FAX TO: 1 888 629-4722.

Section 41(10) of the *Workers' Compensation Act* authorizes you to release this information.
This document may be examined by any person with a direct interest in a claim that is under review.