

**PSYCHOLOGICAL PROGRESS REPORT**

**(To be completed and submitted every 4-6 sessions unless agreed otherwise with WorkSafeNB)**

Client	_____	Claim No.	_____
Doctor/Therapist	_____	Case Manager	_____
Date of Initial Assessment	_____	Report Date	_____
# Treatments to Date	_____	# Missed Appointments / Cancellations	_____
Overall Rehabilitation Goal:	Prepare for return to pre-injury work	Assist to stay in work	
	Prepare for return to modified or new job	Improve quality of life / function	

<b>TREATMENT AND RESPONSE TO TREATMENT</b>	<b>Summary of treatment since last report:</b>
	<b>Progress re: treatment objectives (indicate change in behaviour, functional improvement related to rehabilitation goal, psychometric test scores) and outline any adjustments to initial treatment objectives and plan (if applicable)</b>

<b>RECOMMENDATIONS</b>	<b>Factors Affecting Treatment Progress/Prognosis (Rehabilitation barriers including potential workplace re-entry issues):</b>
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<b>RECOMMENDATIONS</b>	<b>Proposed Treatment Plan (please include outline of specific treatment interventions planned, anticipated number of visits, duration of treatment):</b>
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<b>RECOMMENDATIONS</b>	<b>Treatment Objectives: How will treatment assist the client to improve functioning toward the rehabilitation goal over the next 4-6 treatment sessions?</b>
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<b>RECOMMENDATIONS</b>	<b>Specific Work Limitations (current):</b>
	<b>What modified work or volunteer activities could the client perform that addresses the above limitations?</b>

