WorkSafe
Travail sécuritaire NB

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PSYCHOLOGICAL DISCHARGE REPORT

Client _____ Claim No. _____

Doctor/Therapist _____ Case Manager _____

Date of Final Appointment _____ Report Date _____

Total # Treatments _____ Total # Missed Appointments / Cancellations _____

Rehabilitation Goal:

- ☐ Prepare for return to pre-injury work
- ☐ Prepare for return to modified or new job
- ☐ Assist to stay in work
- ☐ Improve quality of life/function

Discharge Disposition:

- ☐ Return to pre-injury work: full hours, full duties
- ☐ Return to work: modified position or new job
- ☐ Client not working? _____
  Reason: _____
- ☐ Plateau: no further psychological or functional gains
- ☐ Client transferred to another service / facility

TREATMENT AND RESPONSE TO TREATMENT

Summary of treatment provided:

Psychometric test / re-test results:

Client _____ Claim No. _____

Final progress toward treatment objectives and rehabilitation goal:

CONCLUSIONS AND RECOMMENDATIONS

Status regarding return to work (comment on abilities/limitations):

Recommendations/Additional Comments:

Signature _____ Date _____

Please note that the report is due within 14 days of discharge.

PLEASE FORWARD TO WORKSAFENB - 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.