



Initial Psychology Assessment Report

Questions? Scan, click or tap the QR code for detailed instruction.

Date (yyyy-mm-dd)	WorkSafeNB claim number (if known)
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Please do not start treatment without prior approval from WorkSafeNB. Submit within 10 business days of completing the assessment. Use your MyServices account to submit quickly and securely.

Provider

Name		WorkSafeNB provider number	
Mailing address			
City	Postal code	Phone number (include area code)	Fax number (include area code)
Email address	Do you have a MyServices account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Preferred method of contact

Worker

Worker's last name	First name	Date of birth
Occupation	Date of injury	If cumulative/repeated exposure, indicate dates of exposure From _____ to _____
Is worker currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes... <input type="checkbox"/> full time <input type="checkbox"/> regular hours <input type="checkbox"/> regular duties <input type="checkbox"/> part time <input type="checkbox"/> modified hours <input type="checkbox"/> modified duties	
If no, last date worked (yyyy-mm-dd)	How long with current employer?	Comments

Employer

Employer's name
Comments
Employer's description of injury/incident (refer to <i>Report of Accident or Occupational Disease</i>)



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Clinical report

Worker's description of injury/incident	
Acute reaction	
In your opinion: Does the incident described by the worker and employer meet the DSM-5 criteria of a traumatic event? <input type="checkbox"/> Yes <input type="checkbox"/> No	If delayed expression, describe the factors triggering the current claim:
Is there delayed expression of symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Current symptoms (check all that apply)

- Trauma Anger/irritability Depression Anxiety Substance use Social isolation/withdrawal
 Cognitive issues Suicidal ideation
 Other:

Comments on symptoms

Suicide risk

- None Low Medium High

If there are concerns of suicide, please outline safety plan:

Current barriers to treatment and return to work (check all that apply)

- Personality features Sleep issues Physical injury/pain Claim issues Lack of social support
 Employer/labour relations issues No job attached Mistrust of WorkSafeNB Legal issues
 Low motivation for return to work Low motivation for psychological treatment
 Other:



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<p>Comments on barriers</p>	
<p>Medical comorbidities</p>	<p>Current medications (list type, dose and condition treated)</p>
<p>Past psychological/psychiatric history (check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> None<input type="checkbox"/> Unknown<input type="checkbox"/> History of trauma and/or stressful events<input type="checkbox"/> History of substance abuse<input type="checkbox"/> History of mental health issues requiring treatment<input type="checkbox"/> History of psychotropic medication<input type="checkbox"/> Other:	<p>Pre-existing mental health diagnosis?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown</p> <p>Comments on history/previous diagnosis</p>



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Psychometric testing (list all tests with descriptive labels associated with scores)

Psychometric testing date of administration (yyyy-mm-dd)

Self-report and symptom validity information

Best working diagnosis

- Post-traumatic stress disorder, 309.81 Acute stress disorder, 308.3 Adjustment disorder (type and code:)
- Major depressive disorder (type and code:) Substance use disorder (type and code:)
- Insufficient information to form diagnosis No diagnosis



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Comments on diagnosis

Comments on relatedness of current diagnosis to workplace event

The diagnosis is based on (check all that apply):

- Clinical interview
- Structured/semi-structured diagnostic interview
- Psychometric testing
- File review
- Other:

The current diagnosis represents:

- A new onset, work-related psychological condition
- A psychological condition relating to previous work-related trauma
- A personal, non-work-related psychological condition



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Recommended accommodation(s)
(check all that apply)

Specific work duties/tasks

Describe

Comments

Specific work locations

Describe

Comments



[Questions?](#) Scan, click or tap the QR code for detailed instruction.

Specific environmental conditions

Describe

Comments

Specific work times

Describe

Comments



Questions? Scan, click or tap the QR code for detailed instruction.

Specific populations

Describe

Comments

Ability to work independently

Describe

Comments



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Supervisory responsibilities

Describe

Comments

Critical decision making

Describe

Comments



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Safety-sensitive work

Describe

Comments

Other

Describe

Comments



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Expected duration for accommodation

Describe

Comments

Recommended treatment (check all that apply)

- Individual trauma-focused psychological treatment
- Occupational therapy
- Substance use/addiction services
- Psychiatric review/psychotropic medication review
- Medical review
- No treatment
- Other

Expected duration for treatment



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Comments

Would you like a WorkSafeNB psychology consultant to contact you? Yes No

Comments

Signature (not required if submitting through MyServices)	Date (yyyy-mm-dd)
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Submit through MyServices

MyServices is a secure online platform, where providers can: upload reports, submit invoices; email claim managers and psychology consultants; check on invoice status; register for direct deposit; view direct deposit statements; and update banking information. To register, go to WorkSafeNB's [MyServices registration page](#) or call 1 800 999-9775.

Questions?

Toll-free 1 800 999-9775
M-F, 8 a.m. to 4:30 p.m.
psychology-psychologie@ws-ts.nb.ca

Fax

Toll-free 1 888 629-4722

Mail

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Saint John, NB E2L 3X9



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Questions? Scan, click or tap the QR code for detailed instruction. This form is also available in a [fillable PDF](#) format.

WorkSafeNB collects information on this form for the purpose of administering New Brunswick's *Workers' Compensation Act*. WorkSafeNB adheres to the *Right to Information and Protection of Privacy Act (RTIPPA)* and the *Personal Health Information Privacy and Access Act (PHIPAA)*. To learn more about privacy and protection of personal health information, visit our [Policy and Legal web page](#) at worksafenb.ca.