

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

Date of report (yyyy-mm-dd)	Claim number (if known)
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Submit within 10 business days of the appointment. 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)

Worker

Worker's first name	Last name	Middle initial	Date of birth
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 not working, comments:			

Treatment

Date of initial assessment: Number of sessions since initial assessment: Number of missed appointments / Cancellations:	Treatment Block number: <input type="checkbox"/> Worker completed Block (up to 8 sessions over 8 weeks) <input type="checkbox"/> Worker did not return/self-discharged
Frequency of treatment <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly If frequency of treatment is less than weekly, please explain:	

Clinical progress

Current symptoms <input type="checkbox"/> Trauma <input type="checkbox"/> Anger/irritability <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Substance use <input type="checkbox"/> Social isolation/withdrawal <input type="checkbox"/> Cognitive issues <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Other:
Comments on symptoms
Suicidal risk <input type="checkbox"/> None <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High If there are concerns of suicide, please outline safety plan:



Worker's last name	First name	WorkSafeNB claim number
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Current barriers to treatment and return to work

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:

Comments on barriers

Current medications

Unknown
 Unchanged since last report
 Changes noted

List type, dose and condition treated:

Treatment update

Please provide a brief overview of progress to date:

Treatment goals previously identified:

Treatment approaches provided to date:

Response to treatment

No improvement
 Minimal improvement
 Moderate improvement
 Significant improvement
 Fully recovered

Please provide details on treatment response to date, expected outcomes, timeframes and prognosis:

Worker's adherence to treatment suggestion/homework assignments, please explain:

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

Date of administration (yyyy-mm-dd)

Measures (BDI, BAI, PCL etc.)	Initial status	Current status	
			<input type="checkbox"/> Improved <input type="checkbox"/> No change <input type="checkbox"/> Worse
			<input type="checkbox"/> Improved <input type="checkbox"/> No change <input type="checkbox"/> Worse
			<input type="checkbox"/> Improved <input type="checkbox"/> No change <input type="checkbox"/> Worse
			<input type="checkbox"/> Improved <input type="checkbox"/> No change <input type="checkbox"/> Worse

Comments on psychometric testing:



Worker's last name	First name	WorkSafeNB claim number
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Updated DSM 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

Comments on diagnosis (please include change in status (e.g., resolved, improving, unchanged, worse))

Functional abilities

Psychological condition is **not limiting** work ability (able to return without accommodations)

Psychological condition is **limiting** work ability (able to return with accommodations)

Probability of returning to work

To pre-accident job: Low Medium High

Explain

To different/new job: Low Medium High

Explain

Symptoms requiring accommodation	Comments

Recommended accommodation(s)
(check all that apply)

Specific work duties/tasks
 Describe

 Comments

Specific work locations
 Describe

 Comments

Specific environmental conditions
 Describe

 Comments



Worker's last name	First name	WorkSafeNB claim number
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<input type="checkbox"/> Specific work times Describe Comments
<input type="checkbox"/> Specific populations Describe Comments
<input type="checkbox"/> Ability to work independently Describe Comments
<input type="checkbox"/> Supervisory responsibilities Describe Comments
<input type="checkbox"/> Critical decision making Describe Comments
<input type="checkbox"/> Safety-sensitive work Describe Comments

Worker's last name	First name	WorkSafeNB claim number
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Other

Describe

Comments

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

Comments

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

Psychology consultant
 Claim manager

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; e-mail 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.



Psychology Progress Report

Worker's last name	First name	WorkSafeNB claim number
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Inquiries

Toll-free 1 800 999-9775
M-F, 8 a.m. to 4:30 p.m.

Fax

Toll-free 1 888 629-4722

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