|  |  |
| --- | --- |
| Date of report (yyyy-mm-dd) | Claim number (if known) |

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| --- |
| **Submit within 10 business days following each eight-week block of treatment, regardless of the number of sessions provided. 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 last name | | First name | Middle initial | Date of birth |
| Is worker currently working?  Yes   No | If yes…  full time  regular hours  regular duties  part time  modified hours  modified duties | | | |
| If not working, comments: | | | | |

Treatment

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| --- | --- |
| Date of initial assessment:  Number of sessions since initial assessment:  Number of missed appointments / Cancellations: | Frequency of treatment  Weekly  Bi-Weekly  Monthly  If frequency of treatment is less than weekly, please explain: |
| *Treatment is provided in 8-week blocks (up to 8 sessions in an 8-week period). Treatment should not continue beyond 3 blocks (24 weeks) without prior approval by WorkSafeNB. Please submit a completed progress report every 8 weeks regardless of the number of sessions provided and indicate the current block number (example: 1, 2, 3). You may request an extension of treatment beyond 24 weeks by recommending additional sessions and describing the proposed treatment plan at the end of this report or by contacting the WorkSafeNB case manager.*  Treatment block number:  Worker completed block (up to 8 sessions over 8 weeks)  Worker did not return/self-discharged | |

Clinical progress

|  |  |  |  |
| --- | --- | --- | --- |
| Current symptoms  Trauma  Anger/irritability  Depression  Anxiety  Substance use  Social isolation/withdrawal  Cognitive issues  Suicidal ideation  Other | | | |
| Comments on symptoms | | | |
| Suicidal risk  None  Low  Medium  High  If there are concerns of suicide, please outline safety plan: | | | |
| 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 |  |
|  |  |  | Improved  No change  Worse |
|  |  |  | Improved  No change  Worse |
|  |  |  | Improved  No change  Worse |
|  |  |  | Improved  No change  Worse |
| Comments on psychometric testing: | | | |
| 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

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| --- | --- |
| 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 | | | |
| Specifi­c work times  Describe    Comments | | | |
| Specifi­c populations  Describe    Comments | | | |
| Ability to work independently  Describe    Comments | | | |
| Supervisory responsibilities  Describe    Comments | | | |
| Critical decision making  Describe    Comments | | | |
| Safety-sensitive work  Describe    Comments | | | |
| 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 | |  | |

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| --- |
| Would you like a WorkSafeNB psychology consultant or case manager to contact you?  Psychology consultant  Claim manager |

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

**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](https://www.ws-ts.nb.ca/Services/Portal/Register?cultureinstruction=en-CA) or call 1 800 999-9775.

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| **Questions?**  Toll-free 1 800 999-9775 M–F, 8 a.m. to 4:30 p.m.  [psychology-psychologie@ws-ts.nb.ca](mailto:psychology-psychologie@ws-ts.nb.ca) | **Fax**  Toll-free 1 888 629-4722 | **Mail** WorkSafeNB 1 Portland Street PO Box 160,  Saint John, NB E2L 3X9 |
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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](https://www.worksafenb.ca/policy-and-legal/legal/access-to-information-privacy/) at worksafenb.ca.