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| 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

|  |  |
| --- | --- |
| Date of initial assessment:      Number of sessions since initial assessment:      Number of missed appointments / Cancellations:       | Frequency of treatment[ ]  Weekly [ ]  Bi-Weekly [ ]  MonthlyIf 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

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| 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 notedList type, dose and condition treated:      |
| Treatment updatePlease 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 recoveredPlease 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 workTo pre-accident job: [ ]  Low [ ]  Medium [ ]  High Explain:      To different/new job: [ ]  Low [ ]  Medium [ ]  High Explain:       |
| Symptoms requiring accommodation      | Comments      |

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| **Recommended accommodation(s)**(check all that apply) |  |  |
| [ ]  Specifi­c work duties/tasksDescribe     Comments      |
| [ ]  Specifi­c work locationsDescribe      Comments      |
| [ ]  Specifi­c environmental conditions Describe      Comments      |
| [ ]  Specifi­c work timesDescribe      Comments      |
| [ ]  Specifi­c populationsDescribe      Comments      |
| [ ]  Ability to work independentlyDescribe      Comments      |
| [ ]  Supervisory responsibilitiesDescribe      Comments      |
| [ ]  Critical decision makingDescribe      Comments      |
| [ ]  Safety-sensitive workDescribe      Comments      |
| [ ]  OtherDescribe      Comments      |
| Expected duration for accommodation      Describe      Comments      |  |

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| **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 |

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| 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 1 800 999-9775M–F, 8 a.m. to 4:30 p.m.psychology-psychologie@ws-ts.nb.ca | **Fax** Toll-free 1 888 629-4722  | **Mail**WorkSafeNB1 Portland StreetPO 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.