



Psychology Discharge Report

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
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Submit within 10 business days of the final discharge 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 not working, comments:		
If yes, To pre-accident job? <input type="checkbox"/> Yes <input type="checkbox"/> No To different/new job? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	Work type <input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> regular duties <input type="checkbox"/> modified duties <input type="checkbox"/> regular hours <input type="checkbox"/> modified hours	Comments	
Has worker plateaued – no further psychological or functional gains? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the worker been transferred to another service / facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Treatment

Date of initial assessment: Number of sessions completed: 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
Treatment goals identified:	Goals attained? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Treatment provided (brief overview):	
Treatment approaches provided:	



Worker's last name	First name	WorkSafeNB claim number
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Treatment response
 No improvement Minimal improvement Moderate improvement Significant improvement Fully recovered

Comments

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 return to work or further treatment?
 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:

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

Date of administration (yyyy-mm-dd)

Measures (BDI, BAI, PCL etc.)	Initial status	Status at discharge	
			<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



Worker's last name	First name	WorkSafeNB claim number
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Comments on psychometric testing

DSM diagnosis at discharge

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 change (resolved, improving, unchanged, worse)

Functional abilities

Psychological condition **does not limit** work ability (able to return *without* accommodations)

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

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



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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
<input type="checkbox"/> Other Describe Comments



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<p>Expected duration for accommodation</p> <p>Describe</p> <p>Comments</p>

Additional support

<p>Do you recommend follow-up treatment? (check all that apply)</p> <p><input type="checkbox"/> Individual trauma-focused psychological treatment</p> <p><input type="checkbox"/> Occupational therapy</p> <p><input type="checkbox"/> Substance use/addiction services</p> <p><input type="checkbox"/> Psychiatric review/psychotropic medication review</p> <p><input type="checkbox"/> Medical review</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> No treatment</p>
<p>Comments</p>

<p>Would you like a WorkSafeNB psychology consultant or claim manager to contact you?</p> <p><input type="checkbox"/> Psychology consultant</p> <p><input type="checkbox"/> Claim manager</p>

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.

Inquiries

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

Fax

Toll-free 1 888 629-4722

Mail

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