



# PSYCHOLOGICAL FUNCTIONAL ABILITIES FORM

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, **Telephone:** (867) 667-5645, **Toll free:** 1-800-661-0443, **Fax:** (867) 667-8740, **Web:** www.wcb.yk.ca

## WORKER'S INFORMATION

Surname	
First Name	
Address	
Telephone #	Date of Birth (d/m/y)
Has worker filed a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Claim # or Part of body
Date of Injury (d/m/y)	
Family Doctor	
Employer	

## PROVIDER'S INFORMATION

Name	
Address	
Telephone #	Fax#
Date of Visit (d/m/y)	

## PART A

Patient has no functional limitations

## PART B

For Patients Exposed to a Traumatic Event at Work

Patient has functional limitations and can return to work providing the following limitations can be appropriately accommodated

<input type="checkbox"/> Allow temporarily leaving job site	<input type="checkbox"/> Gradual re-exposure to feared situations
<input type="checkbox"/> Limitations due to environmental conditions	<input type="checkbox"/> Reduce exposure to dangerous situations
<input type="checkbox"/> Time off for counselling appointments	<input type="checkbox"/> Have another employee as backup
<input type="checkbox"/> Change job environment/location	<input type="checkbox"/> Arrange transportation to work
<input type="checkbox"/> <b>Reduce exposure to reminders/triggers*</b>	<input type="checkbox"/> Reduce cognitive demands
<input type="checkbox"/> <b>Limitations due to medications*</b>	<input type="checkbox"/> Attend work ASAP without working
<input type="checkbox"/> <b>Reduced hours*</b>	

\*Please provide further details on these limitations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Estimated duration of functional limitations (in days) \_\_\_\_\_

I have reviewed the details of this report with client and have provided him/her with a copy of the report.  
 I certify that this is a complete and accurate report. The fees charged are in accordance with the fee schedule and I have received no prior payment.

Signature \_\_\_\_\_ Date (d/m/y) \_\_\_\_\_

This information is being collected under the authority of the *Workers' Compensation Act* for the purpose of determining eligibility for benefits. For further information, contact (867) 667-5645 or 1-800-661-0443.