

PSYCHOLOGICAL PROGRESS REPORT

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
Please contact WSCB before providing care if you have not signed a service agreement: Work is Healthy

WORKER'S INFORMATION		PROVIDER'S INFORMATION	
Surname		Name	
First Name			
Address		Address	
Telephone #	Date of Birth (d/m/y)		
Date of Injury (d/m/y)	Claim #		
Occupation		Telephone #	Fax#
Employer		Date of Visit (d/m/y)	

Treatment (d/m/y)										
-------------------	--	--	--	--	--	--	--	--	--	--

Type of treatment provided, be specific

Treatment goals

1) _____

2) _____

3) _____

Progress made towards goals _____

Has there been any change in the treatment plan? Yes No If **Yes**, explain

Please check one of the following for the current severity of psychological symptoms

No significant symptoms Minimal symptoms

Some mild symptoms, but generally functioning well Moderate symptoms/moderate impairment in function

Serious symptoms/serious impairment in functioning

Is the worker ready for return to pre-injury work from a psychological perspective

Yes, without limitations No, consider alternate work N/A (worker is working)
 Yes, with limitations Attach revised FAF if applicable No

Workers current limitations directly linked to the work-related psychological diagnosis *(common limitations include limited ability to tolerate tasks with deadlines, time pressures and high expectations for productivity, and inability to tolerate tasks with frequent customer contact)*

Request for treatment extension. Please provide rationale, frequency, focus of treatment, treatment plan and goals, expected results and end date

Conclusion of treatment

No objective evidence of improvement in worker's function during the treatment plan
 Treatment focus is no longer related to compensate injury
 No reasonable expectation of further improvements in the psychological condition and the treatment is no longer effective in returning or keeping the worker at work
 Treatment is not likely to result in further gains in function nor is necessary for maintenance

Signature _____ Date (d/m/y) _____

WSCB Psychological Treatment Authorization

Provider _____ Fax # _____

Proposed treatment end date (d/m/y) _____

Claim owner _____ Claim owner phone # _____

Treatment plan approved Treatment not approved Call to discuss

WSCB Signature _____ **Date (d/m/y)** _____

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