Workers' Safety and Compensation Board Yukon

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

Surname	
First Name	
Address	
Telephone #	Date of Birth (d/m/y)
Date of Injury (d/m/y)	Claim #
Occupation	
Employer	

PROVIDER'S INFORMATION

Name	
Address	
Telephone #	Fax#
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

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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.

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