



PSYCHOLOGICAL INITIAL ASSESSMENT 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 # or Part of body
Employer	
Family Doctor	

PROVIDER'S INFORMATION

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

Sources of information

Family history

Trauma/Mental health history

Education/Work

Leisure and support

General observations

Clinical Scale	T-Score	Interpretation
Depression (D)		
Relational Avoidance		
Rejection Sensitivity		
Reduced Self Awareness		
Dissociation		
Defensive Avoidance		
Intrusive Experiences		
Anxiety		
Hyperarousal		
Pain		
General somatic preoccupations		
Anger		
Tension Reduction Behaviour		
Suicidality-ideation		
Suicidality-behaviour		

Psychological test administered _____

Findings

Psychological test administered _____

Findings

Summary and recommendations

DSM diagnosis _____

If no DSM diagnosis, was DSM diagnosis considered and ruled out?

Additional notes

Signature _____

Date (d/m/y) _____