



MENTAL HEALTH TREATMENT REPORT

CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Mental health treatment will only be paid for the period pre-authorized by WorkSafeBC. Extension requests must be submitted a minimum ten (10) business days before the end of the last treatment block.

If notice of approval or rejection of the treatment plan is not received, the provider should contact the WorkSafeBC officer by telephone to confirm receipt of the report.

Date of service <i>(Date of report yyyy-mm-dd)</i>
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Worker information

Last name	First name	Middle initial	WorkSafeBC claim number
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Report type and months

<p><i>Check one only</i></p> <p>Initial session report (PTR) <input type="checkbox"/></p> <p>Treatment progress report (PPR) <input type="checkbox"/></p> <p>Treatment discharge report (PDR) <input type="checkbox"/></p>	<p>Date of initial session <i>(yyyy-mm-dd)</i></p> <hr/> <p>Anticipated discharge date <i>(yyyy-mm-dd)</i></p>
<p>Current stream — <i>indicate stream under which services provided</i></p> <p>ATI — Adjustment to injury <input type="checkbox"/></p> <p>ST — Standard treatment <input type="checkbox"/></p> <p>STE — Standard treatment extension <input type="checkbox"/></p> <p>MT — Maintenance treatment <input type="checkbox"/></p> <p>MTE — Maintenance treatment extension <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other, please specify the exceptional circumstance</p>	<p>Total number of sessions worker attended this treatment month</p> <p>List session dates <i>(yyyy-mm-dd)</i></p> <p>Missed sessions <i>(yyyy-mm-dd)</i></p> <p>If worker did not attend any sessions this month, explain why</p>

Provider information

Name	Payee number
Mailing address/stamp	Phone number <i>(include area code)</i>
	Fax number <i>(include area code)</i>



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Please check one of the following for the current overall severity of psychological symptoms within the last four weeks

1) No significant symptoms	<input type="checkbox"/>
2) Minimal or transient symptoms	<input type="checkbox"/>
3) Some mild symptoms, but generally functioning pretty well	<input type="checkbox"/>
4) Moderate symptoms/moderate impairment in functioning	<input type="checkbox"/>
5) Serious symptoms/serious impairment in functioning	<input type="checkbox"/>

What is the degree of harm to self or others?

If there is a degree of harm to self or others, provide detailed information

Has a risk assessment been completed?
Yes No

If yes, describe risk assessment	If no, describe why not
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Outline the current care plan and protective factors



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Clinical summary *(describe major achievements and provide general progress update)*

Describe the impact of the worker's symptoms on activities of daily living

Personal hygiene	Not assessed <input type="checkbox"/>	None <input type="checkbox"/>	Minimal <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Sexual function	Not assessed <input type="checkbox"/>	None <input type="checkbox"/>	Minimal <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Sleep	Not assessed <input type="checkbox"/>	None <input type="checkbox"/>	Minimal <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Base household activities	Not assessed <input type="checkbox"/>	None <input type="checkbox"/>	Minimal <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>

If moderate or severe, describe specific concerns

Describe the impact of the worker's symptoms on social functioning

Interaction with general public	Not assessed <input type="checkbox"/>	None <input type="checkbox"/>	Minimal <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Relationships with family members	Not assessed <input type="checkbox"/>	None <input type="checkbox"/>	Minimal <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Maintaining socially appropriate behaviour	Not assessed <input type="checkbox"/>	None <input type="checkbox"/>	Minimal <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>

If moderate or severe, describe specific concerns

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

Yes, without limitations <input type="checkbox"/>	No, consider alternative work <input type="checkbox"/>	N/A (worker at work) <input type="checkbox"/>
Yes, with limitations <input type="checkbox"/>	No <input type="checkbox"/>	

What are the worker's current *limitations* related to the current psychological diagnosis(es) (i.e., inabilities or difficulties as a result of the psychological condition(s))?

Note: 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.



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What are the worker's current *restrictions* related to the current psychological diagnosis(es) (i.e., activities to be avoided or activities that the worker must not engage in, in order to avoid aggravation/exacerbation of symptoms and/or to avoid compromising the safety of self or others)?
Note: Common restrictions include participation in activities with a risk of injury due to concentration lapses and exposure to specific stimuli and/or environments.

Does the worker seem motivated in treatment?
 Yes No If no, please list any concerns

Outline any other issues of clinical relevance not covered above

Recommendations

No further mental health treatment required	<input type="checkbox"/>	Extension of mental health treatment requested	<input type="checkbox"/>
Please call me to discuss this case	<input type="checkbox"/>	None at this time	<input type="checkbox"/>
Consider referral for an assessment or additional service <i>(specify type)</i>	<input type="checkbox"/>		

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.