WORK SAFE BC

RESET

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 *(Date of report yyyy-mm-dd)*

Worker information

Last name	First name	Middle initial	WorkSafeBC claim number

Report type and months

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

Provider information

Name	Payee number
Mailing address/stamp	Phone number *(include area code)*
	Fax number *(include area code)*

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Worker last name	First name	Middle initial	WorkSafeBC claim number

Referral/working diagnosis

Focus of treatment *(check as many as apply)*

- ☐ Acute stress disorder
- ☐ Adjustment disorder
- ☐ Anxiety disorder
- ☐ Chronic pain
- ☐ Neurocognitive disorder
- ☐ Depressive disorder
- ☐ Family therapy
- ☐ Somatic symptom disorder
- ☐ Post-traumatic stress disorder
- ☐ Specific phobia
- ☐ Panic disorder
- ☐ Unknown
- ☐ Other *(please specify)*:

List other issues of clinical relevance or external/non-claim factors likely to complicate or delay recovery

Has there been any change in treatment plan? *(Note: Indicate "yes" and specify treatment plan for Initial Session report.)*

☐ Yes ☐ No Describe current treatment plan

Current status of worker

Any change in symptoms since previous treatment month? *(Note: Indicate "yes" and specify current symptoms for Initial Session report.)*

☐ Yes ☐ No Describe worker's current primary symptoms

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

1) ☐ No significant symptoms
2) ☐ Minimal or transient symptoms
3) ☐ Some mild symptoms, but generally functioning pretty well
4) ☐ Moderate symptoms/moderate impairment in functioning
5) ☐ Serious symptoms/serious impairment in functioning

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

Outline the current care plan and protective factors

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Worker last name	First name	Middle initial	WorkSafeBC claim number

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	☐ None	☐ Minimal	☐ Moderate	☐ Severe
Sexual function	☐ Not assessed	☐ None	☐ Minimal	☐ Moderate	☐ Severe
Sleep	☐ Not assessed	☐ None	☐ Minimal	☐ Moderate	☐ Severe
Base household activities	☐ Not assessed	☐ None	☐ Minimal	☐ Moderate	☐ Severe

If moderate or severe, describe specific concerns

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

Interaction with general public	☐ Not assessed	☐ None	☐ Minimal	☐ Moderate	☐ Severe
Relationships with family members	☐ Not assessed	☐ None	☐ Minimal	☐ Moderate	☐ Severe
Maintaining socially appropriate behaviour	☐ Not assessed	☐ None	☐ Minimal	☐ Moderate	☐ Severe

If moderate or severe, describe specific concerns

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

☐ Yes, without limitations ☐ No, consider alternative work ☐ N/A (worker at work)
☐ Yes, with limitations ☐ No

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
☐ Please call me to discuss this case
☐ Consider referral for an assessment or additional service
(specify type)

☐ Extension of mental health treatment requested
☐ None at this time

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.