WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

RESET

PSYCHOLOGIST'S REPORT

CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

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

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

This form is intended to assist psychologists in reporting work-related mental disorder claims. This report should only be submitted when you suspect the worker's mental condition is related to the worker's employment and the worker wants to file a claim for a mental disorder.

Legislative requirement for reporting a mental disorder claim is three (3) days from the time you become aware of the issue.

Date of service *(yyyy-mm-dd)*	Date of birth *(yyyy-mm-dd)*	WorkSafeBC claim number
Employer's name	Worker's last name	Middle initial
Employer's phone number *(include area code)*	First name	Gender M ☐ F ☐
Operating location address	Mailing address *(include postal code)*	
Date of injury or when patient was first treated for this condition *(yyyy-mm-dd)*	Worker's contact phone number *(include area code)*	
Who rendered first treatment?	Worker's personal health number from B.C. CareCard	

Are you the worker's regular psychologist?
Yes ☐ No ☐

If yes, how long has the worker been your patient?
0–6 months ☐ 7–12 months ☐ > 1 year ☐

Are there prior or other problems affecting injury, recovery, and disability?
Yes ☐ No ☐

If yes, provide details

Since injury, has the worker been disabled from work?
Yes ☐ No ☐

If yes, as of what date? *(yyyy-mm-dd)*

Injury codes and descriptions

ICD9 code: **3089**

Is there sufficient evidence to support a DSM diagnosis? If yes, provide DSM diagnosis below.
Yes ☐ No ☐

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Psychologist's Report *(continued)*

Worker last name	First name	Middle initial	WorkSafeBC claim number

DSM diagnosis *(include numeric code and text details)*

If no DSM diagnosis, was DSM diagnosis considered and ruled out?
Yes ☐ No ☐

Clinical information

What happened? Subjective Sx, examination, investigations, treatment types (i.e., "techniques" and modalities) being used and frequency, specialists consult?

Do you wish to consult with a WorkSafeBC psychologist or case manager?
Yes ☐ No ☐

Return-to-work planning

Is the worker currently at work? Yes ☐ No ☐	If no, is the worker ready to return to work? Yes ☐ No ☐

If worker is not ready to return to work, what are the current psychological limitations and restrictions?

If worker is not ready to return to work, does the worker require psychological treatment?
Yes ☐ No ☐

If possible, estimate date of maximal clinical recovery *(full recovery or best possible recovery yyyy-mm-dd)*

Payee number *(if known)*	Psychologist registration number
Payee name	Psychologist name

Invoice separately using fee code 1153024

For invoice inquiries, contact Payment Services: Lower Mainland 604 276-3085**,** toll-free 1 888 422-2228

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.