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|  |  | PTSD Program  Discharge Report |

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| Dischargereport is due within 5 business days  of last date of service (excluding post-discharge durability services). | Date of service (discharge date) (yyyy-mm-dd) | Date of report (yyyy-mm-dd) |

Worker and claim information

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| Worker’s last name | Worker’s first name | Middle initial | WorkSafeBC claim number |
| Date of injury (yyyy-mm-dd) | Worker’s occupation and/or job title | Attending physician | |
| Claim owner’s name | | Claim owner’s phone number | |

Worker’s status

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| Risk assessment (description of risk and rating — low, moderate, or high)    Current symptom presentation (worker report, behavioural observation, safety behaviours, etc.)    Current functioning (functioning in ADLs/IADLs, community access, social engagement, etc.)    Status of return to work (RTW) (brief description of job, job attachment, last communication with employer, RTW readiness, RTW factors and considerations)    Other |

Psychometric testing & clinical analysis

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| Tests administered at intake (name of test, brief description, and scores)    Tests re-administered at discharge (name of test, brief description, and scores)    Clinical analysis (integration of psychometric testing results with worker symptom presentation and functioning) |

Program goals

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| PTSD Program treatment goals (worker-specific goals that were measured over time)    Progress update on PTSD Program treatment goals (update on worker-specific goals) |

Details of services provided

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| Treatment services — mental health clinician (number of sessions, treatment approach, modalities and strategies, etc.)    Treatment services — occupational therapy (number of sessions, treatment approach, modalities and strategies, etc.)    Did the worker participate in add-on services? (i.e., psycho-education group and/or physical activation)  Yes  No  If yes, please describe (type of service, number of sessions, etc.) | |
| Has the worker missed any scheduled sessions?  Yes  No | If yes, date(s) of scheduled session(s) missed by worker (yyyy-mm-dd) |
| Reasons for absence(s) | |
| Level and nature of participation to date | |

Discharge recommendations

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| Analysis (overall synthesis of worker progress in recovery and RTW during PTSD Program)    Recommendations (modifications and/or accommodations, ongoing considerations, optional post-discharge durability services, etc.)    RTW recommendations  Able to return to work  Able to return to work with considerations  Other (specify) |

Provider’s information

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| Provider’s name | | Payee number | Mailing address | | |
| Phone number | Fax number | | City | Province | Postal code |
| Contact’s name | Contact’s direct line (if applicable) | | Contact’s email address (optional) | | |

Report prepared by

|  |  |
| --- | --- |
| Treating mental health clinician’s signature | Treating mental health clinician’s name |
| Treating mental health clinician’s phone number | Treating mental health clinician’s email address (optional) |
| Treating occupational therapist’s signature | Treating occupational therapist’s name |
| Treating occupational therapist’s phone number | Treating occupational therapist’s email address (optional) |
| Assessing psychologist’s signature | Assessing psychologist’s name |

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| --- | --- | --- |
| **Claims Call Centre** Phone 604.231.8888 Toll-free 1.888.967.5377 M–F, 8 a.m. to 6 p.m. | **Fax**  604.233.9777 Toll-free 1.888.922.8807 | **Mail** WorkSafeBC PO Box 4700 Stn Terminal Vancouver BC V6B 1J1 |
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WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC’s FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email [**FIPP@worksafebc.com**](mailto:FIPP@worksafebc.com), or call 604.279.8171.