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|  |  | PTSD ProgramReport — Treatment Start and Progress |

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| Report type (check one only) |
| [ ]  PTSD Program Treatment Start Report (83D570)(leave blank if progress report)Date of first psychology or occupational therapy session with worker (yyyy-mm-dd)       The treatment start report is due within 5 business days of completing the first treatment session. | [ ]  PTSD Program Progress Report (83D571)(leave blank if treatment start report)Date of most recent session with psychology, occupational therapy (yyyy-mm-dd)     Progress report number (1, 2, etc.)     Reporting period (start and end date of treatment block)     A progress report must be submitted every 4 weeks following the first treatment session. |

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      |

Program goals

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| PTSD Program treatment goals (worker-specific goals that can be 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 [ ]  NoIf yes, please describe (type of service,number of sessions, etc.)     Consultations with other involved health care provider(s), including date(s) (yyyy-mm-dd)      |
| 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      |

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

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| 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)      |

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| **Claims Call Centre**Phone 604.231.8888Toll-free 1.888.967.5377M–F, 8 a.m. to 6 p.m. | **Fax**604.233.9777Toll-free 1.888.922.8807 | **Mail**WorkSafeBCPO Box 4700 Stn TerminalVancouver 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**, or call 604.279.8171.