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| WorkSafe-Color - 600dpi |  | Initial Psychology Assessment Report |

**Questions?** Scan, click or tap the QR code for detailed instruction. This form is also available in a [fillable PDF](https://www.worksafenb.ca/media/61116/initial-psychological-assessment-report.pdf) format.

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| Date (yyyy-mm-dd) | WorkSafeNB claim number (if known) |

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| **Please do not initiate treatment without prior approval from WorkSafeNB. Submit within 10 business days of completing the assessment. Use your MyServices account to submit quickly and securely.** |

Provider

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| Name | | WorkSafeNB provider number | | |
| Mailing address | | | | |
| City | Postal code | Phone number (include area code) | | Fax number (include area code) |
| Email address | Do you have a MyServices account?  Yes  No | | Preferred method of contact | |

Worker

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| Worker’s last name | | First name | | Date of birth |
| Occupation | | Date of injury | | If cumulative/repeated exposure, indicate dates of exposure  From       to |
| Is worker currently working?  Yes  No | | If yes…  full time  regular hours  regular duties  part time  modified hours  modified duties | | |
| If no, last date worked (yyyy-mm-dd) | How long with current employer? | | Comments | |

Employer

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| Employer’s name | Comments |
| Employer’s description of injury/incident (refer to *Report of Accident or Occupational Disease*) | |

Clinical report

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| Worker’s description of injury/incident | | | | | |
| Acute reaction | | | | | In your opinion: Does the incident described by the worker and employer meet the DSM-5 criteria of a traumatic event?  Yes  No |
| Is there delayed expression of symptoms?  Yes  No | If delayed expression, describe the factors triggering the current claim: | | | | |
| Current symptoms  Trauma  Anger/irritability  Depression  Anxiety  Substance use  Social isolation/withdrawal  Cognitive issues  Suicidal ideation  Other: | | | | | |
| Comments on symptoms | | | | | |
| Suicide risk  None  Low  Medium  High  If there are concerns of suicide, please outline safety plan: | | | | | |
| Current barriers to treatment and return to work  Personality features  Sleep issues  Physical injury/pain  Claim issues  Lack of social support  Employer/labour relations issues  No job attached  Mistrust of WorkSafeNB  Legal issues  Low motivation for return to work  Low motivation for psychological treatment  Other: | | | | | |
| Comments on barriers | | | | | |
| Medical comorbidities | | Current medications (list type, dose and condition treated) | | | |
| Past psychological/psychiatric history (check all that apply)  None  Unknown  History of trauma and/or stressful events  History of substance abuse  History of mental health issues requiring treatment  History of psychotropic medication  Other: | | | | Pre-existing mental health diagnosis?  No  Yes  Unknown | |
| Comments on history/previous diagnosis | |
| Psychometric testing (list all tests with descriptive labels associated with scores)    Psychometric testing date of administration (yyyy-mm-dd) | | | | | |
| Self-report and symptom validity information | | | | | |
| Best working diagnosis  Post-traumatic stress disorder, 309.81  Acute stress disorder, 308.3  Adjustment disorder (type and code:       )  Major depressive disorder (type and code:       )  Substance use disorder (type and code:       )  Insufficient information to form diagnosis  No diagnosis | | | | | |
| Comments on diagnosis | | | | | |
| Comments on relatedness of current diagnosis to workplace event | | | | | |
| The diagnosis is based on (check all that apply):  Clinical interview  Structured/semi-structured diagnostic interview  Psychometric testing  File review  Other: | | | The current diagnosis represents:  A new onset, work-related psychological condition  A psychological condition relating to previous work-related trauma  A personal, non-work-related psychological condition | | |
| Comments | | | | | |

Functional abilities

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| Psychological condition is **not limiting** work ability (able to return without accommodations)  Psychological condition is **limiting** work ability (able to return with accommodations) | |
| Symptoms requiring accommodation | Comments |

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| **Recommended accommodation(s)**  (check all that apply) |  | |  |
| Specifi­c work duties/tasks  Describe    Comments | | | |
| Specifi­c work locations  Describe    Comments | | | |
| Specifi­c environmental conditions  Describe    Comments | | | |
| Specifi­c work times  Describe    Comments | | | |
| Specifi­c populations  Describe    Comments | | | |
| Ability to work independently  Describe    Comments | | | |
| Supervisory responsibilities  Describe    Comments | | | |
| Critical decision making  Describe    Comments | | | |
| Safety-sensitive work  Describe    Comments | | | |
| Other  Describe    Comments | | | |
| Expected duration for accommodation  Describe    Comments | |  | |

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| **Recommended treatment** (check all that apply) | |
| Individual trauma-focused psychological treatment  Occupational therapy  Substance use/addiction services  Psychiatric review/psychotropic medication review  Medical review  No treatment  Other | |
| Expected duration for treatment |  |
| Comments |  |

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| Would you like a WorkSafeNB psychology consultant to contact you?  Yes  No  Comments |

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| Signature (not required if submitting through MyServices) | Date (yyyy-mm-dd) |

**Submit through MyServices**  
MyServices is a secure online platform, where providers can: upload reports, submit invoices; email claim managers and psychology consultants; check on invoice status; register for direct deposit; view direct deposit statements; and update banking information. To register, go to WorkSafeNB’s [MyServices registration page](https://www.ws-ts.nb.ca/Services/Portal/Register?cultureinstruction=en-CA) or call 1 800 999-9775.

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| **Questions?**  Toll-free 1 800 999-9775 M–F, 8 a.m. to 4:30 p.m.  [psychology-psychologie@ws-ts.nb.ca](mailto:psychology-psychologie@ws-ts.nb.ca) | **Fax**  Toll-free 1 888 629-4722 | **Mail** WorkSafeNB 1 Portland Street PO Box 160,  Saint John, NB E2L 3X9 |
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WorkSafeNB collects information on this form for the purpose of administering New Brunswick’s *Workers’ Compensation Act*. WorkSafeNB adheres to the *Right to Information and Protection of Privacy Act (RTIPPA) and the Personal Health Information Privacy and Access Act (PHIPAA).* To learn more about privacy and protection of personal health information, visit our[*Policy and Legal* web page](https://www.worksafenb.ca/policy-and-legal/legal/access-to-information-privacy/) at worksafenb.ca.