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| WorkSafe-Color - 600dpi |  | Psychology Discharge Report |
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**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/61153/psychology-discharge-report.pdf) format.

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| Date of report (yyyy-mm-dd) | Claim number |

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| **Submit within 10 business days of the final discharge appointment. 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) |

Worker

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| --- | --- | --- | --- | --- |
| Worker’s last name | First name | | Middle initial | Date of birth |
| Is worker currently working?  Yes   No | If not working, comments: | | | |
| If yes,  To pre-accident job?  Yes  No  To different/new job?  Yes  No  Explain: | Work type  full time  part time  regular duties  modified duties  regular hours  modified hours | Comments | | |
| Has worker plateaued – no further psychological or functional gains?  Yes  No | Has the worker been transferred to another service / facility?  Yes  No |

Treatment

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| Date of initial assessment:  Number of sessions completed:  Number of missed appointments / Cancellations: | Treatment block number:  Worker completed block (up to 8 sessions over 8 weeks)  Worker did not return/self-discharged |
| Treatment goals identified: | Goals attained?  Yes  No  Comments |
| Treatment provided (brief overview): | |
| Treatment approaches provided: | |
| Treatment response  No improvement  Minimal improvement  Moderate improvement  Significant improvement  Fully recovered | |
| Comments | |

Clinical progress

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| --- | --- | --- | --- |
| Current symptoms  Trauma  Anger/irritability  Depression  Anxiety  Substance use  Social isolation/withdrawal  Cognitive issues  Suicidal ideation  Other: | | | |
| Comments on symptoms | | | |
| Suicidal risk  None  Low  Medium  High  If there are concerns of suicide, please outline safety plan: | | | |
| Current barriers to return to work or further treatment?  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 | | | |
| Current medications  Unknown  Unchanged since last report  Changes noted  List type, dose and condition treated: | | | |
| Psychometric testing (list all tests with descriptive labels associated with scores)    Date of administration (yyyy-mm-dd) | | | |
| Measures (BDI, BAI, PCL etc.) | Initial status | Status at discharge |  |
|  |  |  | Improved  No change  Worse |
|  |  |  | Improved  No change  Worse |
|  |  |  | Improved  No change  Worse |
|  |  |  | Improved  No change  Worse |
| Comments on psychometric testing | | | |
| DSM diagnosis at discharge  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 change (resolved, improving, unchanged, worse) | | | |

Functional abilities

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| Psychological condition **does not limit** work ability (able to return *without* accommodations)  Psychological condition **limits** 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 | |  | |

Additional support

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| Do you recommend follow-up treatment? (check all that apply)  Individual trauma-focused psychological treatment  Occupational therapy  Substance use/addiction services  Psychiatric review/psychotropic medication review  Medical review  Other:  No treatment |
| Comments |

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| Would you like a WorkSafeNB psychology consultant or claim manager to contact you?  Psychology consultant  Claim manager |

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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.