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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 [ ]  NoComments      |
| 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 notedList 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/tasksDescribe     Comments      |
| [ ]  Specifi­c work locationsDescribe      Comments      |
| [ ]  Specifi­c environmental conditions Describe      Comments      |
| [ ]  Specifi­c work timesDescribe      Comments      |
| [ ]  Specifi­c populationsDescribe      Comments      |
| [ ]  Ability to work independentlyDescribe      Comments      |
| [ ]  Supervisory responsibilitiesDescribe      Comments      |
| [ ]  Critical decision makingDescribe      Comments      |
| [ ]  Safety-sensitive workDescribe      Comments      |
| [ ]  OtherDescribe      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 1 800 999-9775M–F, 8 a.m. to 4:30 p.m.psychology-psychologie@ws-ts.nb.ca | **Fax** Toll-free 1 888 629-4722  | **Mail**WorkSafeNB1 Portland StreetPO 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.