

PSYCHOLOGICAL PROGRESS REPORT

(To be completed and submitted every 4-6 sessions unless agreed otherwise with WorkSafeNB)

Client	_____	Claim No.	_____
Doctor/Therapist	_____	Case Manager	_____
Date of Initial Assessment	_____	Report Date	_____
# Treatments to Date	_____	# Missed Appointments / Cancellations	_____

Overall Rehabilitation Goal:

<input type="checkbox"/>	Prepare for return to pre-accident work	<input type="checkbox"/>	Assist to stay in work
<input type="checkbox"/>	Prepare for return to modified or new job	<input type="checkbox"/>	Improve quality of life / function

TREATMENT AND RESPONSE TO TREATMENT	Summary of treatment since last report:
	Progress re: treatment objectives (indicate change in behaviour, functional improvement related to rehabilitation goal, psychometric test scores) and outline any adjustments to initial treatment objectives and plan (if applicable)

RECOMMENDATIONS	Factors Affecting Treatment Progress/Prognosis (Rehabilitation barriers including potential workplace re-entry issues):
	Proposed Treatment Plan (please include outline of specific treatment interventions planned, anticipated number of visits, duration of treatment):
	Treatment Objectives: How will treatment assist the client to improve functioning toward the rehabilitation goal over the next 4-6 treatment sessions?
	Specific Work Limitations (current): What modified work or volunteer activities could the client perform that addresses the above limitations?

Client _____

Claim No. _____

Additional Comments:

Would you like a: Case manager
or WorkSafeNB psychology consultant to contact you?

Signature _____

Date _____

PLEASE FORWARD TO WORKSAFE NB - P.O. Box 160, Saint John (New Brunswick) E2L 3X9 OR FAX TO: 1 888 629-4722.

Section 41(10) of the *Workers' Compensation Act* authorizes you to release this information.
This document may be examined by any person with a direct interest in a claim that is under review .