

Visit our website: [wcb.ns.ca](http://wcb.ns.ca)

PRINT

RESET

SAVE

Claim Number:

|                             |                     |       |
|-----------------------------|---------------------|-------|
| Worker's Last Name          | Worker's First Name | Init. |
| Date of Injury (MM/DD/YYYY) |                     |       |

**D. Treatment Progress and Response**

1. Has the DSM diagnosis remained the same?

If **no**, please include change in DSM diagnosis update:

2. Treatment goals previously identified:

3. Evidence based treatment interventions/approaches provided to date:

Visit our website: [wcb.ns.ca](http://wcb.ns.ca)

Claim Number:

|                    |                     |       |
|--------------------|---------------------|-------|
| Worker's Last Name | Worker's First Name | Init. |
|--------------------|---------------------|-------|

4. Response to treatment:

No improvement    Minimal Improvement    Moderate Improvement    Significant Improvement    Fully resolved

If not responding, why? Are you considering other treatment modalities?

5. Functional status for day-to-day activities (social, other):

(If more space is needed, continue on next page)

Visit our website: [wcb.ns.ca](http://wcb.ns.ca)

Claim Number:

Question 5 – response continuation:

Visit our website: [wcb.ns.ca](http://wcb.ns.ca)

Claim Number:

|                    |                     |       |
|--------------------|---------------------|-------|
| Worker's Last Name | Worker's First Name | Init. |
|--------------------|---------------------|-------|

### E. Psychology Treatment Plan

In your opinion, is the worker at imminent risk of harm to himself / herself or others?

If **yes**, please explain including level of risk, and provide plan.

### F. Occupational Function information

Functional Abilities:

Based on the worker's current job duties, please describe the tasks the worker is able to perform:

Based on the worker's current job duties, please describe the tasks the worker is unable to perform:

Expected Duration:

Visit our website: [wcb.ns.ca](http://wcb.ns.ca)

Claim Number:

|                    |                     |       |
|--------------------|---------------------|-------|
| Worker's Last Name | Worker's First Name | Init. |
|--------------------|---------------------|-------|

Current Employment status:  Full Time **OR**  Part Time  
 Not Working    Comments:

**For workers who are not back at work in some capacity:** Using the scale below, please provide an overall estimate of the worker's readiness to work **from a mental health perspective (not physical)**.

In general, how ready is this worker to be back at work?

1     2     3     4     5     6     7     8     9     10

Not Ready Very Ready

Identify any additional barriers impacting return to work, not previously reported:

Visit our website: [wcb.ns.ca](http://wcb.ns.ca)

Claim Number:

|                    |                     |       |
|--------------------|---------------------|-------|
| Worker's Last Name | Worker's First Name | Init. |
|--------------------|---------------------|-------|

**For workers who are working in some capacity:** Using the scale below, please provide an overall estimate of the likelihood the worker will be able to stay at work, **from a mental health perspective (not physical)**.

In general, how likely is this worker able to stay at work?

1    
  2    
  3    
  4    
  5    
  6    
  7    
  8    
  9    
  10  
 Not likely Very likely

---

Comment on any additional factors impacting the worker's ability to stay at work, not previously reported:  
 What additional supports (e.g. occupational therapist, medication) would assist the worker to stay at work:

|  |                   |
|--|-------------------|
| Health Professional Signature                              | Date (MM/DD/YYYY) |
| Health Professional's Name (PLEASE PRINT IN BLOCK LETTERS) |                   |
| Name of Clinic   |                   |

**PRINT** | **RESET** | **SAVE**