

Psychologist Progress Report

Complete this form and return it to the address on the last page.

Worker Information

Last Name		First Name	
Mailing Address (include postal code)		Claim Number	Telephone (include area code)
Employer		Worker's Occupation	
Date of Injury	MM DD YY	Date of Birth	MM DD YY

Psychologist Information

Name of Psychologist, Registration, and Licence Number (please print)	
Telephone (include area code)	Address (include postal code)
Date of Service	MM DD YY

Treatment and Progress

Number of Sessions Completed <input style="width: 100px;" type="text"/>
Treatment Goals (in order of priority from most to least important) <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Describe treatment modality and/or interventions being used.
Describe progress since the last report to the WSCC.

Worker's Last Name	First Name	Claim Number
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Return to Work Planning

Is the Worker ready to return to work? Yes No N/A *If "No", what are the psychological barriers?*

Proposed Treatment

Does the Worker require further Psychological Treatment? Yes No *If yes, how many additional sessions are requested?*

Describe Treatment Plan (Proposed Modalities and session frequency)

Date of next visit MM | DD | YY |

Are there factors that may complicate recovery? (e.g., a pre-existing condition) Yes No *If yes, please explain.*

I hereby certify the above is a correct statement of services personally rendered by myself.

Psychologist's Signature _____ Date _____ MM / DD / YY

The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation.

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