

Psychiatric/ Psychological Initial Report

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

Vorker 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	Gender M F X
Psychologist Information		1	<u>I</u>
Name of Psychologist, Registration, and Licence Nu	umber (please print)		
Telephone (include area code)	Addre	Address (include postal code)	
ate of Service MM DD YY			
Subjective			
Presenting Problem			
Delegant History (seeks and a seeks sign and a seeks s	San Salama Karala ka alimana la L	Had	
Relevant History (make note of prior or current non-	incident related probl	ems that may affect recovery).	

Worker's Last Name	First Name		Claim Number		
Clinical Formulation and/or Diagnosis (if Worker only meets partial diagnostic criteria, indicate [sub-clinical]).					
Pine Turkund Orde					
Primary Treatment Goals 1					
2					
3					
4					
5					
Treatment Plan (indicate anticipated number of sessions and session frequency).					
Are there Psychological Barriers to a return to work? Yes No (If yes, please explain.)					
Objective					
Test Results (name of test, evidence of validity of	f results, summary interpre	tations).			
Is worker fit to return to work with no restrictions	? Yes No				
I hereby certify the above is a correct statement of services personally rendered by myself.					
Psychologist's Signature		Date			
The WSCC may use this information for the active Safety Acts, and/or the Mine Health and Saturder the relevant legislation.					

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Toll Free Fax: 1-866-277-3677 • Email: reportsnwt@wscc.nt.ca

or

Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501 Toll Free Fax: 1-866-979-8501 • Email: reportsnu@wscc.nu.ca