RESET FORM

# Initial Psychology Assessment Report

**Questions?** Scan, click or tap the QR code for detailed instruction. This form is also available in a fillable Word format.

| Date (yyyy-mm-dd) | WorkSafeNB claim number (if known) |
|---|---|
| | |

**Submit within 10 business days of the appointment. Use your MyServices account to submit quickly and securely.**

## Provider

| Name | | WorkSafeNB provider number | |
|---|---|---|---|
| Mailing address | | | |
| Town/City | Postal code | Phone number (include area code) | Fax number (include area code) |
| Email address | Do you have a MyServices account? ☐ Yes ☐ No | Preferred method of contact | |

## Worker

| Worker's first name | Last name | Date of birth |
|---|---|---|
| Occupation | Date of injury | If cumulative/repeated exposure, indicate dates of exposure<br>from to |
| Is worker currently working? ☐ Yes ☐ No | If yes… ☐ full time ☐ part time ☐ regular hours ☐ modified hours ☐ regular duties ☐ modified duties | |
| If no, last date worked (yyyy-mm-dd) | How long with current employer? | Comments |

## Employer

| Employer's name | Comments |
|---|---|
| Employer's description of injury/incident (refer to *Report of Accident or Occupational Disease*) | |

## Clinical report

| Worker's description of injury/incident | |
|---|---|
| Acute reaction | In your opinion: Does the incident described by the worker and employer meet the DSM-5 criteria of a traumatic event? ☐ Yes ☐ No |
| Is there delayed expression of symptoms? ☐ Yes ☐ No | If delayed expression, describe the factors triggering the current claim: |

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|---|---|---|
| | | |

Current symptoms

☐ Trauma ☐ Anger/irritability ☐ Depression ☐ Anxiety ☐ Substance use ☐ Social isolation/withdrawal

☐ Cognitive issues ☐ Suicidal ideation

☐ Other:

Comments on symptoms

Suicide risk

☐ None ☐ Low ☐ Medium ☐ High

If there are concerns of suicide, please outline safety plan:

Current barriers to treatment and return to work

☐ 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

| Medical comorbidities | Current medications (list type, dose and condition treated) |
|---|---|
| | |

Past psychological/psychiatric history (check all that apply)

☐ None

☐ Unknown

☐ History of trauma and/or stressful events

☐ History of substance abuse

☐ History of mental health issues requiring treatment

☐ History of psychotropic medication

☐ Other:

Pre-existing mental health diagnosis?

☐ No ☐ Yes ☐ Unknown

Comments on history/previous diagnosis

Psychometric testing (list all tests with descriptive labels associated with scores)

Psychometric testing date of administration (yyyy-mm-dd)

Self-report and symptom validity information

Best working diagnosis

☐ Post-traumatic stress disorder, 309.81 ☐ Acute stress disorder, 308.3 ☐ Adjustment disorder (type and code: )

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☐ Major depressive disorder (type and code: ) ☐ Substance use disorder (type and code: )

☐ Insufficient information to form diagnosis ☐ No diagnosis

Comments on diagnosis

Comments on relatedness of current diagnosis to workplace event

| The diagnosis is based on (check all that apply): | The current diagnosis represents: |
|---|---|
| ☐ Clinical interview | ☐ A new onset, work-related psychological condition |
| ☐ Structured/semi-structured diagnostic interview | ☐ A psychological condition relating to previous work-related trauma |
| ☐ Psychometric testing | ☐ A personal, non-work-related psychological condition |
| ☐ File review | |
| ☐ Other: | |

Comments

## Functional abilities

☐ Psychological condition is **not limiting** work ability (able to return without accommodations)

☐ Psychological condition is **limiting** work ability (able to return with accommodations)

| Symptoms requiring accommodation | Comments |
|---|---|
| | |

**Recommended accommodation(s)**
(check all that apply)

☐ Specific work duties/tasks

Describe

Comments

☐ Specific work locations

Describe

Comments

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| | | |

☐ Specific environmental conditions

Describe

Comments

☐ Specific work times

Describe

Comments

☐ Specific populations

Describe

Comments

☐ Ability to work independently

Describe

Comments

☐ Supervisory responsibilities

Describe

Comments

☐ Critical decision making

Describe

Comments

☐ Safety-sensitive work

Describe

Comments

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| | | |

☐ Other

Describe

Comments

Expected duration for accommodation

Describe

Comments

**Recommended treatment** (check all that apply)

- ☐ Individual trauma-focused psychological treatment
- ☐ Occupational therapy
- ☐ Substance use/addiction services
- ☐ Psychiatric review/psychotropic medication review
- ☐ Medical review
- ☐ No treatment
- ☐ Other:

Expected duration for treatment

Comments

Would you like a WorkSafeNB psychology consultant to contact you? ☐ Yes ☐ No

Comments

| 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 or call 1 800 999-9775.

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**Inquiries**
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