

A. Patient information				
Last name		First name		Initials
Date of birth (dd/mmm/yyyy)		Date of injury (dd/mmm/yyyy)		Date of initial psychology assessment: (dd/mmm/yyyy)
Treatment Block number :		Number of sessions provided in this block:		
Patient completed this Block (6 sessions over up to 8 weeks) Patient did not return/self-discharged		Treatment period: to		
Current employment status:				
A.	Full time	or	Part time	Not working
B.	Regular duties	or	Modified duties	Comments:
C.	Regular hours	or	Modified hours	

B. Health professional information			
<input type="checkbox"/> Psychologist		WSIB Provider ID	
Psychologist's name		Your invoice number	
Facility name		Date of this progress report (dd/mmm/yyyy)	
Address (number, street, suite)		Service code MHPBTF	
City/town		Province	
Postal code		Telephone	
		Complete these fields if HST is applicable to this form	
		HST registration number	Service code ONHST
		HST amount billed	

C. Treatment progress and response
1. Treatment Goals - symptom reduction and functional restoration goals, including goals relevant to return to work:
2. Treatment interventions/approaches provided to date:
3. Response to treatment:
Worsening No improvement Minimal improvement Moderate improvement Significant improvement Fully resolved Please provide details on response to date, expected outcomes and prognosis:

Contact accessibility@wsib.on.ca if you require this communication in an alternative format.

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4. Goal Attainment Scaling (G.A.S): Community Mental Health Program treatment is goal directed toward symptom reduction and functional restoration including the restoration of occupational functioning. It is expected the psychologist, together with the patient, will develop and evaluate SMART Goals. The SMART Goals serve to accomplish and evaluate progress towards the patient's treatment goals. SMART goals are Specific, Measurable, Achievable, Relevant, and Time-bound.

Goals (Goals set earlier in the current reporting period)	Goals achieved as expected? (Compare extent goals achieved at end of reporting period to the beginning of the same reporting period)		Goal status
SMART goal # 1	yes	Much better A little better As expected	In progress – continue in next reporting period Goal completed Revision required No further gains anticipated
	no	Partly acheived Much less than expected	
SMART goal # 2	yes	Much better A little better As expected	In progress – continue in next reporting period Goal completed Revision required No further gains anticipated
	no	Partly acheived Much less than expected	
SMART goal # 3	yes	Much better A little better As expected	In progress – continue in next reporting period Goal completed Revision required No further gains anticipated
	no	Partly acheived Much less than expected	
SMART goal # 4	yes	Much better A little better As expected	In progress – continue in next reporting period Goal completed Revision required No further gains anticipated
	no	Partly acheived Much less than expected	

Comment on overall goal attainment, including as related to functional restoration:

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C. Treatment progress and response (continued)

5. Updated DSM diagnosis (please include change in status e.g. resolved, improving, unchanged, worse, new, subthreshold)
6. Functional status (social, occupational, other)

D. Psychology treatment plan

No additional treatment recommended at this time. Explain:

or

Continue treatment (as authorized). Provide additional information:

or

Additional psychological treatment recommended beyond this program. (Call WSIB)

E. Occupational function information

<p>In your opinion, is the patient at imminent risk of harm to himself/herself or others?</p> <p style="text-align: right;">yes no</p> <p>If yes, please explain including level of risk, and provide plan. Attach a separate page if necessary</p>
<p>Have you identified any barriers to return to occupational function? (e.g. harassment, lack of accommodation, etc.)</p> <p style="text-align: right;">yes no</p> <p>If yes, explain plan</p>
<p>Considering your assessment findings, can the patient remain/return to safe and sustainable occupational function from a psychological perspective?</p> <p style="text-align: right;">yes no</p> <p>If no, please explain including timeframe and next re-evaluation date:</p>

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E. Occupational function information (continued)

Describe the patient's functional abilities from a psychological perspective:

Full abilities

Restrictions/limitations/recommended accommodations:

Symptoms requiring restrictions/limitations/accommodations	Recommended restrictions/limitations/accommodations

Expected duration:

Would you like a case file discussion with WSIB staff? yes no

Would the patient benefit from a Specialty Program assessment and/or other assessment/treatment/intervention? yes no

If **yes**, describe:

Psychologist/Psychological associate signature (print, sign and return to the WSIB or type and upload)	Date (dd/mm/yyyy)
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