

Psychiatric/ Psychological Initial 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	YYYY	Date of Birth	MM	DD	YYYY	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> X

Psychologist Information

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

Subjective

Presenting Problem
Relevant History (make note of prior or current non-incident related problems that may affect recovery).

Worker's Last Name	First Name	Claim Number
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Clinical Formulation and/or Diagnosis (if Worker only meets partial diagnostic criteria, indicate [sub-clinical]).

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 results, summary interpretations).

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

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

or

Iqaluit: 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • 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

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