

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

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

Treatment and Progress

Number of Sessions Completed <div></div>
Treatment Goals (in order of priority from most to least important) <div> 1. <div></div> </div> <div> 2. <div></div> </div> <div> 3. <div></div> </div> <div> 4. <div></div> </div> <div> 5. <div></div> </div>
Describe treatment modality and/or interventions being used. <div></div>
Describe progress since the last report to the WSCC. <div></div>

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 YYYY

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 YYYY

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.

Yellowknife: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: 867-920-3888 • Toll Free: 1-800-661-0792 • Fax: 867-873-4596

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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