



## **Psychology Initial Report**



If applicable, please select the Lock button before submitting the form.

Please note: once the Lock button has been selected, the form will no longer be editable.

INVOICE INFORMATIO	N								
CLAIM NUMBER		DATE OF ACCIDEN	T (dd/mmm/yyyy)	DATE OF REPORT (dd/mmm/yyyy)		VENDOR NUMBER			
INVOICE/REFERENCE NUMBER		PAYEE NAME							
PAYEE ADDRESS									
PAYEE ADDRESS									
CLAIMANT INFORMAT	TON								
FIRST NAME		LAS	DATE OF BIRTH (dd/mmm/			mm/yyyy)	PERSONAL HEALTH NUMBER (PHN)		
PRACTITIONER INFOR	RMATION								
FIRST NAME		LAS	PRACTITIONER NUMBER			//BER			
Assessment Da	ate(s)								
DATE (dd/mmm/yyyy)		DATE (if applicable) (dd/mmm/yyyy)		DATE (if applicable) (dd/mmm/yyyy)		m/yyyy)	DATE (if applicable) (dd/mmm/yyyy)		
Work Status									
	PRE-ACCIDENT EMPL	OYMENT/TRAINING	PRE-ACCIDENT STA	ATUS	CURRENT EMPLOYMENT/TRAIN		ING	CURRENT STATUS	
PRIMARY STATUS									
SECONDARY STATUS									
TERTIARY STATUS									
Comments									
PROVIDE ADDITIONAL CO	OMMENTS ON STATUS (	OF OCCUPATION, A:	S RELEVANT						
Return to Work	Planning								
Only fill this section or working for modern			if the client was gainf	ully emplo	oyed on th	e date of the cr	ash an	d is not currently working,	
	s O Modified w	ork O Not re	owork status? commended to retur	n to work	in any cap	acity			
IF MODIFIED WORK, SPE  ☐ Modified hours									
			in any capacity, fill out	t Question	2				
2. RECOMMENDATION(	(S) on return to wo	DHK							

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O Yes ○ No  IF YES, PROVIDE COMMENTS:  5. SELF-CARE (e.g. hygiene, dressing, eating)  O Yes ○ No  IF YES, PROVIDE COMMENTS:	IDENTIFY CURRENT SYMPTOMS (e.g. include psychosocial, cognitive and physical symptoms as relevant):	
dentify if the following functional areas have been impacted by the accident  S. INDERSTANDING AND COMMUNICATION (regeneral)  O'YES O'NO  IF YES, PROVIDE COMMENTS:  4. FUNCTIONAL MOBILITY (at home and in the community)  O'YES O'NO  FYES, PROVIDE COMMENTS:  5. SELF-CARE (e.g., hygiene, diresing, eating)  O'YES, O'NO  FYES, PROVIDE COMMENTS:  6. SOCIAL INTERACTION  O'YES, O'NO  FYES, PROVIDE COMMENTS:  7. PRODUCTIVITY AND LEISURE (e.g., domestic responsibilities, leisure, work, school)  O'YES O'NO  FYES, PROVIDE COMMENTS:		
ientify if the following functional areas have been impacted by the accident  UNDERSTANDING AND COMMUNICATION (cognition)  2 Yes, PROVIDE COMMENTS:  - FUNCTIONAL MOBILITY (at home and in the community)  2 Yes, PROVIDE COMMENTS:  - FUNCTIONAL MOBILITY (at home and in the community)  2 Yes, PROVIDE COMMENTS:  - FUNCTIONAL MOBILITY (at home and in the community)  2 Yes, PROVIDE COMMENTS:  - SELF-CARE (cg. hygiene, direceng, entire)  2 Yes, PROVIDE COMMENTS:  - SOCIAL INTERACTION  2 Yes, PROVIDE COMMENTS:  - PRODUCTIVITY AND LEISURE (cg., domestic responsibilities, leisure, work, school)  2 Yes, PROVIDE COMMENTS:  - PRODUCTIVITY AND LEISURE (cg., domestic responsibilities, leisure, work, school)  2 Yes, PROVIDE COMMENTS:  - COMMUNITY INTEGRATION  3 COMMUNITY INTEGRATION  3 COMMUNITY INTEGRATION  3 COMMUNITY INTEGRATION  3 Yes, O No		
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Annation   If the following functional areas have been impacted by the accident		
Jensify if the following functional areas have been impacted by the accident  S. INDERFRADING AND COMMUNICATION (registers)  O'YES O'NO  IF YES, PROVIDE COMMENTS:  II, FUNCTIONAL MOBILITY (at home and in the community)  O'YES O'NO  F YES, PROVIDE COMMENTS:  S. SELF-CAME (e.g. hygiene, dressing, eating)  O'YES O'NO  F YES, PROVIDE COMMENTS:  S. SOCIAL INTERACTION  O'YES O'NO  F YES, PROVIDE COMMENTS:  S. PROVIDE COMMENTS:		
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dentify if the following functional areas have been impacted by the accident 3. INDERSTANDING AND COMMUNICATION (reginter)  O'YES O'NO  A FUNCTIONAL MOBILITY (at home and in the community)  O'YES O'NO  S. SELF-CARE (e.g., hygiene, dreeing, eating)  O'YES O'NO  IF YES, PROVIDE COMMENTS:  S. SELF-CARE (e.g., hygiene, dreeing, eating)  O'YES O'NO  IF YES, PROVIDE COMMENTS:  S. SOCIAL INTERACTION  O'YES O'NO  IF YES, PROVIDE COMMENTS:  S. SOCIAL INTERACTION  O'YES O'NO  IF YES, PROVIDE COMMENTS:  S. SOCIAL INTERACTION  O'YES, O'NO  IF YES, PROVIDE COMMENTS:  S. SOCIAL INTERACTION  O'YES, PROVIDE COMMENTS:		
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3. UNDERSTANDING AND COMMUNICATION (cognition)  YES ONO  If YES, PROVIDE COMMENTS:  4. FUNCTIONAL MOBILITY (at home and in the community)  YES ONO  IF YES, PROVIDE COMMENTS:  5. SELF-CARE (e.g. hygiene, densing, eating)  YES, PROVIDE COMMENTS:  5. SELF-CARE (e.g. hygiene, densing, eating)  YES, PROVIDE COMMENTS:  5. SELF-CARE (e.g. hygiene, densing, eating)  YES, PROVIDE COMMENTS:  7. PRODUCTIVITY AND LEISURE (e.g. domestic responsibilities, letsure, work, school)  OYES, ONO  IF YES, PROVIDE COMMENTS:		
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○ Yes ○ No  IF YES, PROVIDE COMMENTS:  8. COMMUNITY INTEGRATION ○ Yes ○ No		
○ Yes ○ No  IF YES, PROVIDE COMMENTS:  8. COMMUNITY INTEGRATION ○ Yes ○ No		
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8. COMMUNITY INTEGRATION  O Yes O No		
○ Yes ○ No	IF YES, PROVIDE COMMENTS:	
○ Yes ○ No		
IL 120, I NOVIDE DOMINIENTO.		
	II 120, I TOTIBE SUMMENTO.	

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distory of Present Illness
PROVIDE COMMENTS ON WHEN THE SYMPTOMS BEGAN AND HOW THEY PROGRESSED (as relevant)
Current Observed Findings
Comment on client's presentation (as relevant to activities of daily living)
9. IS THE CLIENT ABLE TO ATTEND SESSIONS INDEPENDENTLY?
F NO, WAS THE COMPANION REQUIRED FOR SUPPORT?
10. METHOD OF TRANSPORTATION USED TO ARRIVE TO SESSION
11. DID THE CLIENT USE AN ASSISTIVE DEVICE?
○ Yes ○ No
F YES, PROVIDE COMMENTS:
12. WAS THE CLIENT APPROPRIATELY DRESSED AND GROOMED?  Yes   No
F NO, PROVIDE COMMENTS:
13. WERE BEHAVIOURS SOCIALLY APPROPRIATE?
○ Yes ○ No IF NO, PROVIDE COMMENTS:
THE THOUSE SOME THE
MA WAS THERE AN OBSERVED LOSS OF TRAIN OF THOUGHT OR LARGE/O IN ATTENTIONS
14. WAS THERE AN OBSERVED LOSS OF TRAIN OF THOUGHT OR LAPSE(S) IN ATTENTION?  Yes   No
F YES, PROVIDE COMMENTS:

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15. DID THE CLIENT UNDERSTAND AND RESPOND APPROPRIATELY TO INSTRUCTIONS?
○ Yes ○ No
IF NO, PROVIDE COMMENTS:
16. WAS THERE EVIDENCE IN SPEECH DIFFICULTIES?
O Yes O No
IF YES, PROVIDE COMMENTS:
17. SUMMARY OF CLIENT PRESENTATION
Suicide Risk
18. IDENTIFY CLIENT'S LEVEL OF SUICIDE RISK
○ Present ○ Denied PROVIDE SAFETY PLAN AND COMMENTS, AS RELEVANT:
Psychological Assessment Methods Used
LIST AND PROVIDE FINDINGS FROM PSYCHOLOGICALMEASURES USED (e.g., BDI, BAI, HADS, PCS), AS RELEVANT:
Working Diagnosis
Medications
IDENTIFY CURRENT MEDICATION REGIME, AS RELEVANT:

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## **Treatment Goals and Plans**

Todamon dodo dira i lano
IDENTIFY CLIENT-CENTRED TREATMENT GOALS
TREATMENT GOAL 1
TREATMENT GOAL 2
TREATMENT GOAL 3
TREATMENT GOAL 4
TREATMENT GOAL 5
TREATMENT PLAN
19. TREATMENT TARGET (return to work factor to be addressed):
20. BARRIERS TO RECOVERY:
21. RECOMMENDED INTERVENTION(S) (e.g. treatment, modality, strategies and anticipated treatment length):
21. NECOMMENDED INTERVENTION(S) (e.g. deathers, modality, strategies and anticipated deathers regirn).
22. ARE THERE OTHER COMMENTS THAT MAY IMPACT THE CLIENT'S ABILITY TO RETURN TO PRE-ACCIDENT FUNCTIONING?
○ Yes ○ No
IF YES, PROVIDE COMMENTS:
IF YES, PROVIDE COMMENTS:
Additional Comments
Additional Comments

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## **Communication Request**

Communication nequest
23. DO YOU WISH TO HAVE A PHONE CONSULT WITH THE CLAIM FILE HANDLER?  Yes No
24. DO YOU WISH TO HAVE A PHONE CONSULT WITH OTHER CLINICIANS INVOLVED IN THIS CLIENT'S CARE?
○ Yes ○ No
IF YES, SPECIFY WHICH ONE(S), THE REASON, AND THE URGENCY:
☐ By checking this box, I certify that the information provided is true and correct to the best of my knowledge.
Select one of the following:
☐ I have obtained consent from the client to share all information related to the history, examination, assessment and management of the injury related to the motor vehicle accident with ICBC.
☐ This report is being provided pursuant to a request by ICBC under Section 28 or Section 28.1 of the <i>Insurance (Vehicle) Act</i> .

Personal information on this form is being collected under section 26 of the *Freedom of Information and Protection of Privacy Act (BC)* and section 28 or 28.1 of the *Insurance Vehicle Act (BC)* for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information may be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.

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