Clear Form

Safety Matters @Work
Workers Compensation Board of PEI

COUNSELLING REPORT

PO Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 wcb.pe.ca
Phone: 902-368-5680 Toll-free: 1-800-237-5049 Fax: 902-368-5696

Claim #:	**Counsellor Name:**
Worker's Name:	**Diagnosis:**

Fee Code:

In-Person Treatment Dates for this Reporting Period:

Virtual Treatment dates for this Reporting Period:

Total # of Treatments to Date:	**Missed Appointments:**	**Reason:**

Current Symptoms:

Treatment Modalities Being Used:

Response to Treatment:

Level of Motivation, Involvement, and Engagement with Treatment:

Psychosocial Measures and Tools:

Treatment Plan:

Continuing Modalities:
Please explain expected timeframe and expected outcome.

Changes to Treatment Plan:
Please provide explanation for change to plan, expected timeframe, and expected outcome.

Recommendations, if any:

Current Abilities and Limitations:

Homework and Participation:

Imminent Risk of Harm to Self or Others:

○ No Risk ○ Low ○ Medium ○ High

Safety Plan:

Barriers to return to work:
Check all that apply and provide a brief explanation.

☐ Employment Concerns ☐ Psychosocial ☐ Emotional Reaction to a Physical Injury

☐ Fear of Re-Injury ☐ Pain ☐ Other (ie. Non-compensable condition)

Explanation:

Return to work:
Provide a brief explanation.

○ Return to pre-injury employment

○ Return to alternative job with pre-injury employer

○ Return to alternative job with a different employer

Personal Goals:

Recommended Work Status:

- ○ **Full Duties**
- ○ **Transitional Duties**

  Check all that apply

  - ☐ **Modified Job Duties**
  - ☐ **Modifications to the Tools, Equipment, or Workspace**
  - ☐ **Alternate Job Duties**
  - ☐ **Modified Hours or Schedule**
  - ☐ **Ease Back to Regular Hours Over a Period of Time**
  - ☐ **Rehabilitation to Build Strength, Stamina, and Tolerance to Work**
  - ☐ **Gradual Exposure to Work Activities and Environment**
  - ☐ **Training or Work Experience**

- ○ **Not Able**

Explanation:

Additional Information:

Information on this form is required for the purposes of administering claims for workers compensation under the authority of sections 18(9) and 59(2) of the *Workers Compensation Act*. The Workers Compensation Board is authorized to collect this information under section 31 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, PO Box 757, Charlottetown, PE C1A 7L7, 902-368-5680 or toll free at 1-800-237-5049 in Atlantic Canada.