Workers' Compensation Board – Alberta

P.O. BOX 2415
EDMONTON, AB T5J 2S5
FAX: 780-427-5863
1-800-661-1993

C1392
PSYCHOLOGY SERVICES
Mental Health First Report

WORKER DETAILS

				WCB Claim# (if applicable)
Worker's Surname	First Name and Initial	Occupation		Date of Birth *(yyyy/mm/dd)*
Street Address	City/Town	Province	Postal Code	Telephone Number

INJURY DETAILS

Date of first session *(yyyy/mm/dd)*:

Did the client describe a work-related condition? ☐ **Yes** ☐ **No**
(Note: If NO there is no duty to report, do not submit report)

Working DSM Diagnosis or clinical impression:

How did the condition develop?

Client's reported symptoms and concerns:

RECOVERY AND RETURN TO WORK

If the condition will or is likely to disable the client for more than one day, or is likely it may cause complications that may contribute to disablement in the future, a report is required.

If the client is not disabled from work, the report is optional.

Is the client currently working? ☐ **Yes** ☐ **No**

If **YES**, is the client completing all their normal work duties?

If **NO**, are there adaptations to the duties or workplace you recommend to make a return to work possible?

Would you like a WCB representative to contact you?
WCB offers specialized counselling services, OT services and interdisciplinary programs to support safe return to modified work.

☐ WCB Claim Owner
☐ Psychology Consultant

cc: Enter Treating Physician's Name (if applicable)

Contracted (PSYRF01): $42.50 Registered Social Worker or Psychologist's Billing Number: Registered Social Worker or Psychologist's Name:	Telephone Number: Fax Number:
Non-Contracted (PR08): $42.50 Registered Social Worker or Psychologist's Name: Address to Whom Fee is Payable *(please print)*:	Reference Number: Date *(yyyy/mm/dd)*:

Please submit report to WCB via mail or fax to WCB address provided above.

THIS DOCUMENT MAY BE EXAMINED BY ANY PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.