



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:			
Add HST (Y/N):		HST Number:	
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.