

**Treatment Plan — Mental Health**

Return To ICBC
PO BOX 2121, STN TERMINAL
VANCOUVER BC V6B 0L6



Fax 1-877-686-4222

CLIENT INFORMATION			
CLAIM NUMBER	FIRST NAME	LAST NAME	DATE OF BIRTH (dd/mmm/yyyy)

PRACTITIONER INFORMATION		
CLINIC NAME	VENDOR NUMBER	
PRACTITIONER FIRST NAME	PRACTITIONER LAST NAME	PRACTITIONER NUMBER

TREATMENT PLAN INFORMATION	
DATE OF ACCIDENT (dd/mmm/yyyy)	DATE OF TREATMENT PLAN (dd/mmm/yyyy)
PRACTITIONER/THERAPIST TYPE (select one from list)	

PATIENT PERSPECTIVE/RATINGS
1. How does the patient believe that they are recovering from a mental health perspective since this accident? <input type="checkbox"/> completely better <input type="checkbox"/> much improved <input type="checkbox"/> slightly improved <input type="checkbox"/> no change <input type="checkbox"/> slightly worse <input type="checkbox"/> much worse <input type="checkbox"/> worse than ever
2. Psychological outcome measures: GAD-7 Initial: _____ Current: _____ PHQ-9 Initial: _____ Current: _____
3. Key subjective findings — (Optional)

OBJECTIVE FINDINGS
4. From a mental health perspective, how is the patient progressing with treatment? Please select at least one functional goal for the patient's return to work, return to activities of daily living, or return to school.
RETURN TO WORK: First Functional Goal: Second Functional Goal: Third Functional Goal: Initial/previous findings: Current findings: Overall Progress Towards Goal: <input type="checkbox"/> Resolved <input type="checkbox"/> Improved Significantly <input type="checkbox"/> Improved Moderately <input type="checkbox"/> Improved Minimally <input type="checkbox"/> Unchanged <input type="checkbox"/> Regressed
RETURN TO ACTIVITIES OF DAILY LIVING: First Functional Goal: Second Functional Goal: Third Functional Goal: Initial/previous findings: Current findings: Overall Progress Towards Goal: <input type="checkbox"/> Resolved <input type="checkbox"/> Improved Significantly <input type="checkbox"/> Improved Moderately <input type="checkbox"/> Improved Minimally <input type="checkbox"/> Unchanged <input type="checkbox"/> Regressed

RETURN TO SCHOOL:
First Functional Goal:

Second Functional Goal:

Third Functional Goal:

Initial/previous findings:

Current findings:

Overall Progress Towards Goal:
 Resolved Improved Significantly Improved Moderately Improved Minimally Unchanged Regressed

5. What primary evidence-based treatment modalities will be used to achieve these goals? (check all that apply)

CBT ACT Mindfulness based cognitive therapy Exposure therapy EMDR DBT

Self-management techniques:

Education:

Medication:

Other:

6. Any barriers delaying the patient's treatment progress? Additional Comments

7. Recommended Treatment		
NUMBER OF TREATMENT SESSIONS (Completed to Date)	NUMBER OF APPROVED SESSIONS REMAINING	CURRENT TREATMENT FREQUENCY
NUMBER OF ADDITIONAL TREATMENT SESSIONS (Requested)	ANTICIPATED END DATE OF RECOMMENDED TREATMENT	RECOMMENDED TREATMENT FREQUENCY

8. Do you expect the patient to return to a pre-accident status for work, ADL and/or school at the end of the recommended treatment?

Comments:

Your contact preference? Email Phone

Provide an email address or phone number in case we need to contact you

EMAIL	PHONE
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This form must be completed in full. Incomplete Treatment Plans may result in delays and impact treatment funding approval.

I certify that the information provided is true and correct to the best of my knowledge and that this Treatment Plan has been completed by a treating therapist.

Providing false or misleading information may result in the cancellation of your vendor number, and ICBC may seek financial restitution and/or take legal action.

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.