# 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?**

☐ completely better ☐ much improved ☐ slightly improved ☐ no change ☐ slightly worse ☐ much worse ☐ 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:**

☐ Resolved ☐ Improved Significantly ☐ Improved Moderately ☐ Improved Minimally ☐ Unchanged ☐ 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:**

☐ Resolved ☐ Improved Significantly ☐ Improved Moderately ☐ Improved Minimally ☐ Unchanged ☐ 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 |
|---|---|
| | |

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/or 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.