



Psychiatric Progress Report

Family name:	Given name(s):
Date of birth: (yyyy-mm-dd)	VAC No./Service No.:

The present psychiatric progress report addresses the following time period:

From: (yyyy-mm-dd)	To: (yyyy-mm-dd)	Number of appointments:	Length of appointments:
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Patient failed to attend, or cancelled within 24 hours, on _____ occasion(s).

Psychiatric treatment is being provided to the patient for the following condition(s), as per the Diagnostic and Statistical Manual (DSM):

Please state all current symptoms on which your diagnosis is based and psychiatric scale results, if applicable (PTSD Checklist, BDI-II, BAI, etc.)

Treatment objective(s) and progress addressed during this time period:

Briefly describe the treatment offered (including hospitalization) and frequency of visits:

Please list all medications that the patient is currently taking including dosage and date prescribed. Note any changes planned.

Medication

Dosage

Date
prescribed
yyyy/mm/dd

Are there any issues complicating compliance to treatment?
If yes, please provide details.

Yes No

Other factors influencing current illness (financial, job loss, relationships, family illness/death, medical illness, etc.) Please elaborate: Yes No

Is there alcohol or substance problem or other psychiatric comorbidities? Yes No
If **yes**, please specify treatment details.

Any additional information or further recommendations

The information provided on this form is collected under the authority of the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* and the *Veterans Health Care Regulations* to facilitate the case management.

All personal information collected and used is protected from unauthorized disclosure by the *Privacy Act*. The recorded opinion about an individual is considered personal information about and belonging to that individual. The *Privacy Act* provides the client with a right to access their own personal information which is under the control of the Department. The *Privacy Act* also affords clients the right to challenge the accuracy and completeness of their personal information and have it amended as appropriate.

For further information on the above, you can contact the Access to Information and Privacy Coordinator's Office, Veterans Affairs Canada, PO Box 7700, Charlottetown, PE, C1A 8M9.

Name:	Signature:
Address:	
Professional title:	Professional corporation:
License No.:	Date (yyyy-mm-dd):

NOTE: To detect substance abuse and/or addiction conditions, please screen at least every six months. Please refer to the Veterans Affairs Canada "Guidelines for Screening for Alcohol, Drugs and/or Gambling Problems" (VAC 738).