



# Psychological Progress Report

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

The present psychological progress report addresses the following time period:

From: (yyyy-mm-dd)	To: (yyyy-mm-dd)	Number of sessions:	Length of sessions:
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Client failed to attend, or cancelled within 24 hours, on \_\_\_\_\_ occasion(s).

Psychological treatment is being provided to the client for the following condition(s), as per the most recent version of the Diagnostic and Statistical Manual (DSM):

Interpretation of psychological test results, if applicable:

Clinical objective(s) addressed during this time period:

Briefly describe the type(s) of clinical intervention(s) offered to the client:

What clinical objectives were met or partially met?

In your opinion, were there any factors that prevented progress or attainment of clinical objective(s)? Yes  No   
Please list:

Was it necessary to modify your treatment plan [intervention(s) and/or clinical objective(s)] during this period? Yes  No

Please elaborate:

Do you recommend that psychotherapy continue? Yes  No

If **yes**, what are the clinical objectives and what is the recommended frequency and estimated duration of the intervention?

Do you wish to contribute any additional information or make further recommendations (e.g., ongoing risk issues)?

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* for the purposes of facilitating a treatment plan and appropriate authorizations for services, as well as to facilitate the case management process. Provision of the information is on a voluntary basis.

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:	
Professional title:		Professional corporation:	
License No.:	Blue Cross 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).