



## Social Work Progress Report

Protected when completed.

Family name:	Given name(s):
Date of birth: (yyyy-mm-dd)	VAC No./Service No.:
<b>Family member name(s) (if applicable):</b>  _____	
_____	

The present social work 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(s) failed to attend, or cancelled within 24 hours, on \_\_\_\_\_ occasion(s).

The social work intervention is being provided to the client(s) for the following reason:

Clinical objective(s) addressed during this period:

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

What clinical objectives were met or partially met?

In your opinion, what factor(s), if any, limited progress or attainment of clinical objective(s)?  
Please list:

Was it necessary to modify your treatment plan (interventions and/or clinical objectives) during this period? Yes  No   
If **yes**, please explain:

Do you recommend continuing the social work intervention? 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)? Yes  No

The information you provide on this form is collected under the authority of the *Canadian Forces Members and Veterans Re-establishment and Compensation Act* for the purpose of determining eligibility for the Rehabilitation Services and case management. Provision of the information is on a voluntary basis. Refusal to complete any part of this report may cause delays in determining clients eligibility for rehabilitation services and case management process.

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 by quoting Personal Information Bank number VAC PPU 550.

Name:		Signature:	
Professional title:		Professional corporation:	
Licence No.:	Blue Cross No.:	Date: (yyyy-mm-jj)	

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