

State Fund Claim  
PO Box 44291  
Olympia WA 98504-4291  
Fax to Claim file: 360-902-4567

Billing Code available [here](#)

This form must be sent upon completion to the Department of Labor & Industries AND the Attending Provider

Choose one:

- Treatment Summary       Re-assessment (Requires updated psychometric measures)

## Section 1: Demographics

Worker's Name		Claim Number
Provider Name	Date of Injury	Date of Visit
Face to face time		
Location/Setting		
Attending Provider		

## Section 2: Intake and History

For a re-assessment describe the change in status from prior assessment and change in treatment plan. Include rationale and date of change:

Psychometric Measures: (update if performing a re-assessment)

	Initial Visit		Current Visit	
PHQ-4 Score	_____		_____	
GCPS Scores	Item #1 _____	Item #2 _____	Item #1 _____	Item #2 _____

Outside of the treatment sessions with the worker, indicate which providers/L&I resources you will coordinate with to progress treatment goals:

- Claim Manager       Activity Coach       Attending Provider  
 Physical Rehabilitation Provider       Vocational Rehabilitation Provider  
 Other: \_\_\_\_\_

What are the behaviors, beliefs, or issues impeding recovery? Describe all that apply.

(e.g., interpersonal relationships, support systems, social isolation, unclear return to work expectations/plans, unclear claims process, catastrophizing, fear avoidance, perceived injustice, recovery expectations, substance abuse)

Worker's Name	Claim Number
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Section 3: Goals

Describe mutually agreed upon treatment goals, strategies, and functional improvement	Estimated date of completion
Update to prior treatment goal and behavioral interventions/modalities or new goal:	
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<b>Note to claim manager</b> (e.g., missed appointments, discharged successfully, etc.):
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Utilization review is required for visits beyond eight. To request a review, login to the Comagine Health Provider Portal

Therapist's Name	Therapist's Phone Number
Therapist's Signature	Date Signed

Date sent to the Attending Provider: \_\_\_\_\_

This patient has the ability to understand and respond meaningfully