



Lifemark Bayers Road
7071 Bayers Rd., Ste. 217
Halifax, Nova Scotia B3L 2C2
Phone: (902) 425-8484
Fax: (902) 429-8484

137330.B
JUN 08 2017

JDG
#18

Bill To:

Boyneclarke
P.O. Box 876
Dartmouth Main
Nova Scotia, Nova Scotia
B2Y 3Z5

Invoice Number: 040.2043587.6
Invoice Date: 06-Jun-2017
Client Name: Judy Foran
Date of Injury: 27-Nov-2016
Area of Injury: Head/Shoulder & Hand
Primary Therapist: M.Ross Ph.D. (0295)

Attention: Jennifer Garagan

Service Date	Provider	Description	Tax	Our Fee	Your Portion
06-Jun-2017	Michael Ross (0295)(PhD)	Copy of Patient Records		\$86.50	\$86.50
Total this Invoice:				\$86.50	\$86.50

FOR PAYMENT BY CHEQUE: Please make payable to **Lifemark Health Corp** and quote the invoice number on your payment as a reference.

We value your opinions. If you have not completed a Patient Satisfaction Survey at the clinic, please take a few moments to complete our survey on-line at <https://lifemark.wufoo.com/forms/r7p0z7/>. Find us on Facebook - Lifemark Atlantic

Balance is due upon receipt. Thank You.



137336.B
JUN 08 2017

DELIVERY VIA:
Mail

FILE REFERENCE:
137336.B

RECEIVED
JUN - 1 2017

Jennifer D. (Snow) Garagan
Direct Dial: (902) 407-6476
Facsimile: (902) 463-7500
E-mail: jgaragan@boyneclarke.ca

Halifax Regional
Municipality

99 Wyse Road, Suite 600
Dartmouth
NS Canada B3A 4S5

Correspondence:
P.O. Box 876
Dartmouth Main
NS Canada B2Y 3Z5

T 902.469.9500
F 902.463.7500
www.boyneclarke.ca



May 31, 2017

Dr. Michael A. Ross
Lifemark Halifax Bayers Road
217- 7071 Bayers Road
Halifax, NS B3L 2C2

Dear Dr. Ross:

RE: Judith Theresa Foran
D.O.B.: January 21, 1958
HCN#: 0008 816 662
Pedestrian / Motor Vehicle Collision on November 27, 2016

We represent Judith Theresa Foran as a result of injuries sustained in the above-noted incident.

We require a **complete copy** of your file regarding Ms. Foran, including but not limited to all:

1. medical reports;
2. consult reports;
3. diagnostic results;
4. x-ray results;
5. clinical notes, etc.

Please find enclosed a medical authorization form duly executed by Judith Theresa Foran to facilitate this request.

Please advise if the cost of producing the requested file will exceed \$50.00. We of course, will honour your account upon receipt of same. Thank you.

Yours very truly,

BOYNECLARKE LLP

For:
Jennifer D. Garagan
JDG:sam
Enclosure



Halifax Bayers Road
7071 Bayers Rd., Ste. 217
Halifax, Nova Scotia
B3L 2C2
Phone: (902) 425-8484
Fax: (902) 429-8484

Client Details

Name: Judy Foran
Address: 36 Trailwood Place
Halifax, Nova Scotia
B3M 3Y1
Home Phone: (902) 499-4513
Work Phone:
Cell Phone:
Email: judyforan@gmail.com
Health Card:
SIN:
Date of Birth: 21-Jan-1958
Age: 59
Gender: Female

Case Information

Case Number: 2043587-MVA
Internal File:
Patient Type: MVA
Primary Therapist: Michael Ross
Area of Injury: Head
Date of Injury: 27-Nov-2016
Assessment Date: 20-Jan-2017
Treatment Program: MVA - Rehab
Discharge Date:
Last Trans Date:
Reason for Discharge:

Client Contacts

Type	Name	Address	Phone	Fax
Referral Source	Jennifer Scott	7075 Bayers Road Suite 204 Halifax, NS B3L 2C2	(902) 450-1452 x241	(902) 450-1458
Family Doctor	Dr. Julie Doyon	Ravines Medical Centre 535 Larry Uteck Blvd., Suite 2 Bedford, NS B3M 0E3	(902) 407-4380	(902) 407-4381
Insurance / Claims Adjuster / Manager	Primum Insurance Company (TDI) Meloche Monnex) Lacey MacDonald	7067 Chebucto Rd. Halifax, NS B3L 4R5	(902) 474-1321	(902) 424-1230
Rehab Consultant	Jennifer Scott	7075 Bayers Road Suite 204 Halifax, NS B3L 2C2	(902) 450-1452 x241	(902) 450-1458

Funder Information

Type	Name	Address	Phone	Fax	Notes
Auto Insurance	Primum Insurance Company (TDI) Meloche Monnex)	7067 Chebucto Rd. Halifax, NS B3L 4R5	(902) 474-1321	(902) 424-1230	Claim #: 022739235-03

Notes

Date	Created By	Note
23-Jan-2017	S. White	Patient confirmed through case manager
20-Jan-2017	S. White	Case Manager requested a later date because they needed time to collect her medicals

7071 Bayers Road, Suite 217
Halifax, NS B3L 2C2

Date Referred: **January 23 2017**

Please enter information in shaded area

Referred By: **Jennifer Scott**

Telephone/Fax: (P) **902 450-1452** (F)

Company: **Lacey MacDonald**

Email: lacey.macdonald@tdinsurance.com

Address: **TD Meloche monnex**

Date of Loss: **November 27 2016**
Claim #: **022739235-03**

Client Name: **Judy Foran**

Telephone: **902 4994513**

Address: **36 Trailwood Place**

Diagnosis: **Fractured right shoulder, sx**

Date of Birth: **Jan 21 1958**

Occupation: **Real estate Agent**

Firm /
Lawyer:
Employer /
Contact: **self employed**

Address/Phone:

Address/Phone:

Physician **Dr. Doyon**

Address/Phone: **902 407-4380**

Other
(Physio/Chiro, etc)

Address/Phone:

Service Request

Full Case Management

☐ Medical

☐ Vocational

☐ Both

☐ On Site

☐ Telephonic

- ☐ Ergonomic Work Site Assessment
- ☐ Ergonomic Home Site Assessment
- ☐ Physical Demands Analysis (PDA)
- ☐ Activities of Daily Living (ADL)
- ☐ Functional Capacity Evaluation (FCE)

- ☐ IME Coordination
- ☐ Transferable Skills Analysis
- ☐ Job Search Assistance
- ☐ Labour Market Survey
- ☐ Job Site Analysis (JSA)

- ☐ Medical File Review
- ☐ Work Conditioning
- ☐ Exercise Program
- ☐ Return to Work Program
- ☐ Future Cost of Care

Visit ☐ Client ☐ Physician ☐ Employer ☐ Physio ☒ Other

☐ File to Follow ☐ Please Pick up ☐ Please Contact Carrier

Special Instructions:

Client was referred to Dr. Ross for a psychological assessment following MVA. She continues to have anxiety, especially when in a car. Please assess and provide a report with any recommendations.

Thanks Jennifer Scott

Suzanne O'Connor (P) 866 450-1452
Atlantic Regional Manager (E) suzanne.oconnor@centrichealth.ca
Janice Haines (P) 866-450-1452
Administration (E) janice.haines@centrichealth.ca

Ravines Medical Centre

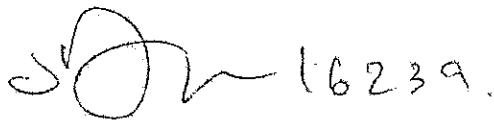
Dr. Julie Doyon
555 Larry Uteck Blvd., Suite 2
Bedford, NS
B3M 0E3, Canada
Phone: 902 407-4380
Fax: 902 407-4381

Jan 10, 2017

Re: FORAN, JUDY
DOB: January 21, 1958

Counselling recommended _____

Best Regards,

A handwritten signature in black ink, appearing to read 'JD 16239'.

Julie Doyon MD, CCFP

INFORMED CONSENT FOR PSYCHOLOGICAL SERVICES (Assessment or Treatment)

I am a consultant who provides psychological services to Lifemark Health Centre. As part of psychological assessment and treatment I collect personal information. Prior to being assessed or treated, you have a right to be fully informed about the nature of this process. Please ensure that any questions or concerns have been appropriately discussed with me before you sign this document.

Purpose of the Assessment...

The purpose of the assessment is to gather information from you that will allow the psychologist to make appropriate treatment recommendations. Information about your history, current situation, and issues that are of concern to you will be collected.

Releasing Assessment and Treatment Reports to a Third Party...

The results of the assessment will be provided in a written report to the referring agency/insurance company. The contents of the report may include anything discussed within the session. If involved in treatment, progress reports will be sent to the referring agency. This will include focus of therapy (e.g. goals, treatment approach), progress in therapy (e.g. if gains are being made), possible barriers to treatment gains, etc.

During the Assessment Process...

The psychologist will conduct an interview, asking questions about different areas of your life. Psychological tests/questionnaires are also used to help gather necessary information in a timely manner.

Risks and Benefits of Treatment...

It is important to know that getting psychological treatment can be both challenging and helpful. Therapy can allow you to become more aware of certain problems or difficulties and how they are affecting you. As a result, people can experience upsetting emotions. Therapy also involves making changes. Sometimes these changes can at first be difficult for family or friends to understand, which can be challenging.

The benefits of treatment range widely depending on the problem being addressed. This is an opportunity to get support and learn helpful coping strategies for many problems, including pain, stress, anxiety, and depression.

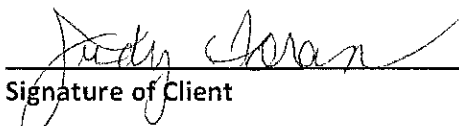
Confidentiality...

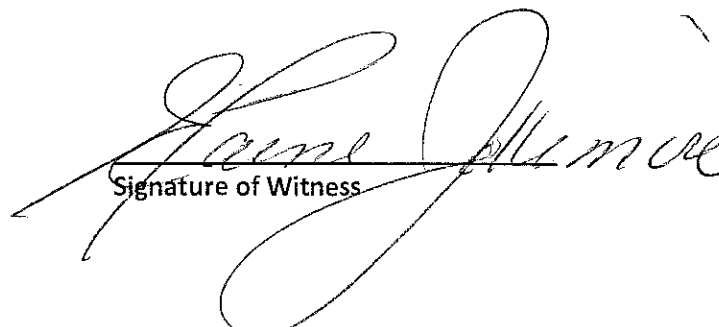
Confidentiality of your personal information is very important. Apart from the situations described above information is only disclosed with your expressed consent (i.e. you consented in writing to release the information) *except when*:

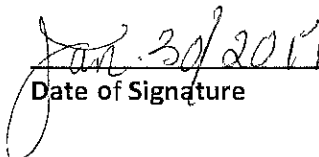
1. Information has been subpoenaed by court
2. There is evidence of serious risk of harm to self or other
3. There is reasonable suspicion or disclosure of child abuse or elder abuse

My signature on this document indicates:

1. Informed consent to participate in psychological services provided by Michael Ross, Ph.D. Psychologist.
2. I understand that if I have any questions or concerns during this process I am encouraged to convey these concerns to Dr. Ross.
3. I have reviewed Lifemark Health Centre's written statement concerning collection, use and disclosure of personal health information. I understand that personal health information relevant to my treatment will be shared with other Lifemark Health Centre staff/consultants as required.
4. I understand that reports and treatment notes will be sent to the agency that referred me. (e.g. WCB, Insurance provider).

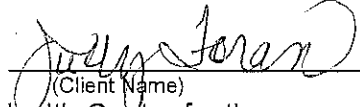

Signature of Client


Signature of Witness


Date of Signature

Our File Number _____

CONSENT TO THE DISCLOSURE OF INDEPENDENT MEDICAL / CLINICAL / PSYCHOLOGICAL REPORT(S)

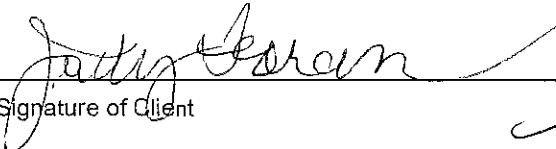
I  understand that I have been referred to Lifemark Health Centre for the purpose of undertaking an independent assessment.

I hereby expressly authorize Lifemark Health Centre and its consultants to release the report(s) to the referring agency and any sources specified by them. This authorization includes allowing both written and verbal communication with the referring agency, and may include communication with my treating professional(s) relating to my assessment.

I have reviewed Lifemark Health Centre's written statement concerning the collection, use and disclosure of personal health information. I understand that Lifemark Health Centre and its consultants will be collecting personal health information for the purpose of completing an assessment and will be providing a report to the referring agency which may include personal health information related to my assessment, x-ray reports, hospital records, treatment records, medical records, progress notes and/or diagnostic tests.

I understand that Lifemark Health Centre will only collect, use and disclose my personal health information with my consent (as set out in its privacy policy) unless a particular collection, use or disclosure is permitted or required by law without my consent.

I understand that I may rescind or amend this authorization at any time, except where action has been taken in reliance on the authorization.


Signature of Client


Witness

Substitute Decision Maker (if required)
(Print name & sign)


Date of Signature (mo/day/yr)

☐ ID Verified

Type: _____

PERSONAL HEALTH INFORMATION POLICY

Lifemark Medical Assessments collects personal health information about you directly from you or from the person acting on your behalf. The collection of personal health information is limited to that information which is required. The personal health information that we collect may include, for example, your name, date of birth, address, claim number, health history, work history, records of your visits to Lifemark Medical Assessments. Occasionally, we collect personal health information about you from other sources, if we have obtained your consent to do so or if the law permits. Your personal health information may be shared with members of Lifemark Medical Assessments staff or consultants, other than those directly involved in your file, but only with those staff or consultants who require the information, and only on a "need to know" basis.

Uses and Disclosures of Personal Health Information

We may use and disclose your personal health information to:

- ☐ Establish your rehabilitation needs,
- ☐ Address specific questions related to your entitlement to benefits under a private insurance plan,
- ☐ Obtain payment for our services from your private insurer or others,
- ☐ Send written notices or contact you to advise of upcoming appointments with our professionals,
- ☐ Provide a written report to the party that requested the service,
- ☐ Plan, administer and manage our internal operations,
- ☐ Conduct risk management and quality improvement activities (such as sending satisfaction surveys),
- ☐ Compile statistics,
- ☐ Comply with legal and regulatory requirements.

Your Choices

You may access and correct your personal health records, or withdraw your consent for some of the above uses and disclosures (subject to legal exceptions) by contacting us in writing. A fee may be charged to access your personal health records.

Important Information

We take steps to protect your personal health information from theft, loss and unauthorized access, copying, modification, use, disclosure and disposal.

We conduct audits and complete investigations to monitor and manage our privacy compliance.

We take steps to ensure that everyone who performs services for us protects your privacy and only uses your personal health information for the purposes you have consented to.

How to Contact Us

For more information about our privacy protection practices, or to raise a concern you have with our practices, contact us at:

Gaye Sydenham
Lifemark Medical Assessments
4 Lansing Square, Suite 110
North York, ON M2J 5A2
Tel. 1-866-446-3080

You have the right to complain to the Information and Privacy Commissioner/Ontario if you think we have violated your rights. The Commissioner can be reached at:

Information and Privacy Commissioner/Ontario
2 Bloor Street East, Suite 1400
Toronto, ON M4W 1A8
Tel. 1-800-387-0073

PATIENT INTAKE FORM



Name <u>Judy Foran</u>		HEALTH CARD NUMBER	
Address <u>36 Trailwood Place</u>			
City <u>HALIFAX</u>	Province <u>NS</u>	Postal Code <u>B3M 3Y1</u>	Date of Birth (D/M/Y) <u>21/01/58</u>
Home Phone	Business	Cell <u>449-4513</u>	
Email <u>judyforan@gmail.com</u>	<input type="checkbox"/> Female <input type="checkbox"/> Male	Occupation <u>Realtor</u>	
<input type="checkbox"/> Centric Advantage Program Employer:	<input type="checkbox"/> College/University Student <input type="checkbox"/> Volleyball NS <input type="checkbox"/> Soccer NS	Did You Have X-rays? <u>YES</u>	
Date of Injury <u>Nov 27/2016</u> or <input type="checkbox"/> gradual onset Area of Injury <u>Shoulder & hand</u>			

What most influenced your decision to choose Lifemark? (Please select one)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Family Physician | <input type="checkbox"/> Employer | <input type="checkbox"/> Returning Patient / Self | <input type="checkbox"/> Print Advertising |
| <input type="checkbox"/> Specialist | <input type="checkbox"/> Insurance company | <input type="checkbox"/> Coach / Teacher | <input type="checkbox"/> Radio / TV |
| <input type="checkbox"/> Walk-In Clinic | <input type="checkbox"/> Lawyer | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> Signage/Location |
| <input type="checkbox"/> Friend / Relative | <input type="checkbox"/> Rehab Consultant | <input type="checkbox"/> Internet | <input type="checkbox"/> Other |

Who can we thank for your referral? Name _____

Address _____

Do you consent to receive info about Lifemark which could include news, healthcare articles and satisfaction surveys (Y/N) _____

Extended Health Care Coverage

Company Name _____

Policy# _____

ID# _____

Physicians

Family Physician _____

☐ Referral ☐ Physician Aware

Referring Physician _____

☐ Same as Family Physician

Employer (for WCB, MVA and Employer Funders)

Employer _____

Contact _____

Address _____

Contact's Phone _____

Contact's Fax _____

WCB

Claim Number _____

Health Card # _____

Case Manager's Name _____

Case Manager's Phone _____

Case Manager's Fax _____

Motor Vehicle Accident (MVA)

Policy Number _____

Claim Number _____

Auto Insurance Company _____

Address _____

Adjuster's Name _____

Adjuster's Phone _____

Adjuster's Fax _____

Emergency Contact or Guardian (for Patients under the age of 18)

Name _____

Relationship to Patient _____

Tel: () _____

Client:	Judy Foran	Last Report Date:	December 12 th , 2016
Claim #:	022739235-03	DOI:	November 27 th , 2016
Referral Source:	Lacey MacDonald	Referral Date:	December 2 nd , 2016
Account:	TD Meloche Monnex	Lifemark#:	705898
Address:	6940 Mumford Road, Suite 301, Suite 301, Nova Scotia, B3L 0B7		
		REPORT DATE:	January 18 th , 2017

OCCUPATIONAL THERAPY REPORT – FOLLOW UP #1

PURPOSE OF REFERRAL: This writer received a referral to complete an OT in-home assessment to determine possible OT-related needs/personal care needs following the November 27th, 2016 MVA. This writer met with the client at her home on January 18th, 2017 for a follow up assessment.

MEDICAL INFORMATION:

- Ms. Foran attended Dr. Urquhart on January 16th, 2017. Reportedly, he confirmed her progress was slow but improving. The client indicated he told her she could not drive for at least another 8 weeks, and scheduled her to follow up with him again in 6 weeks.
- The client confirmed she continued to attend PT 3x/week. She said she was frustrated with the slow progress. She said the surgeon encouraged her to purchase a pulley system for use at home, which she recently did. She said she completed those exercises and those provided to her by PT at home.
- Ms. Foran indicated her pain level in her right shoulder was the highest in the mornings and at night. She said she continued to have difficulty sleeping, and medication provided to her by FMD recently was reportedly not improving her sleep. She indicated she planned to return to FMD to discuss other options.
- The client advised she was experiencing anxiety while walking outside and as a passenger in a car. She said she often hollered at the driver of the car she was in, thinking they were going to be hit or hit someone walking, when in fact they were not. She indicated it was getting to the point that she did not want to leave her house. She was tearful throughout this writers' home visit on January 18th, 2017.

PAST MEDICAL HX: None

MEDICATION: Pre-MVA: None

Post-MVA: Zopiclone, Tylenol/Aleve as needed, turmeric tablets for inflammation. Client said she tried Zopiclone for a few nights, however reported it did not have the desired affects to assist her with sleeping. She said she had a prescription for Clonazepam 0.5 mg that FMD gave her that she was going to try prior to going back to FMD for another option.

MOBILITY: No changes.

TRANSPORTATION: The client indicated she was not able to drive for another 8 weeks.

ACTIVITIES OF DAILY LIVING:

Sleeping: Ms. Foran advised she was not sleeping well and had discussed medication options with FMD. She said she had issues with pain and anxiety when awake at night.

Personal/Self Care ADLs: The client advised she was unable to complete any personal care tasks herself, as she was non weight bearing on her right arm and had limited range of motion and pain.

This writer recommended 3 hours/day, 7 days/week of personal care assistance continue until the next follow up appointment with the surgeon.

Eating/Feeding: The client reportedly had some issues with feeding, as she was right handed.

Ms. Foran advised she was unable to prepare meals since the MVA, which she said had been her task pre-MVA. She said she was able to make light meals or prepare food that was prepped for her.

Household ADLs: No changes to report.

Equipment: Bed wedge and shower seat recommended and approved.

VOCATIONAL INFORMATION: The client advised she was working full time as a Real Estate Agent at the time of the MVA.

ACTIVITIES IMPACTING CASE RESOLUTION:

- File review
- Phone calls to/from client
- Preparation for client visit
- Completion of client visit
- Phone calls to/from Home Instead
- Phone calls/emails to/from insurer
- Completion of OT Report #1

OCCUPATIONAL THERAPY ASSESSMENT AND RECOMMENDATIONS: Ms. Foran continued to attend treatment and progress with her recovery. She attended Dr. Urquhart on January 16th, 2017, and he recommended ongoing assistance with personal care tasks and exercise for her right shoulder. This writer met with the client and recommended ongoing personal care assistance 3 hours/day, 7 days/week. At the time of this writer's home visit on January 18th, 2017, no further equipment was recommended. This writer obtained a prescription from FMD for the previously recommended bed wedge and shower seat. Also prescribed was a psychology assessment which this writer feels would assist this client as she appears to be struggling psychology. If approved, this writer will facilitate appointment. This writer will re-evaluate the need for ongoing personal care assistance in 1 month. Recommendations and file directives will be discussed with the insurer at that time.

ACTION PLAN:

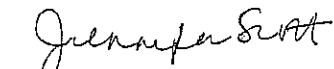
1. Maintain contact with client
2. Re-assessment personal care needs
3. Follow up with PT for update on the client's physical status
4. Facilitate file directive as discussed with insurer

DATE FOR COMPLETION:

Ongoing
Week of February 20th, 2017
Week of January 30th, 2017
Ongoing

Next Report Date: Feb 24, 2016

Respectfully submitted,



Jennifer Scott BSc O.T. Reg (NS)
Occupational Therapist

Encl: FMD RX counselling – January 10th, 2017
FMD RX orthopedic pillow and chair – January 10th, 2017



Copyright © 1995
Michael J.L. Sullivan

PCS

Client No.: _____

Age: 59

Sex: M() F(☒)

Date: Jan. 30/2017

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

0 – not at all 1 – to a slight degree 2 – to a moderate degree 3 – to a great degree 4 – all the time

When I'm in pain ...

- 1 ☒ 2 I worry all the time about whether the pain will end.
- 2 ☐ 1 I feel I can't go on.
- 3 ☒ 3 It's terrible and I think it's never going to get any better.
- 4 ☒ 3 It's awful and I feel that it overwhelms me.
- 5 ☒ 3 I feel I can't stand it anymore.
- 6 ☒ 3 I become afraid that the pain will get worse.
- 7 ☐ 1 I keep thinking of other painful events.
- 8 ☒ 3 I anxiously want the pain to go away.
- 9 ☐ 1 I can't seem to keep it out of my mind.
- 10 ☒ 2 I keep thinking about how much it hurts.
- 11 ☒ 2 I keep thinking about how badly I want the pain to stop.
- 12 ☒ 2 There's nothing I can do to reduce the intensity of the pain.
- 13 ☐ 1 I wonder whether something serious may happen.

27

...Total
6790

Pain Disability Index

Pain Disability Index: The rating scales below are designed to measure the degree to which aspects of your life are disrupted by chronic pain. In other words, we would like to know how much pain is preventing you from doing what you would normally do or from doing it as well as you normally would. Respond to each category indicating the overall impact of pain in your life, not just when pain is at its worst.

For each of the 7 categories of life activity listed, please circle the number on the scale that describes the level of disability you typically experience. A score of 0 means no disability at all, and a score of 10 signifies that all of the activities in which you would normally be involved have been totally disrupted or prevented by your pain.

Family/Home Responsibilities: This category refers to activities of the home or family. It includes chores or duties performed around the house (e.g. yard work) and errands or favors for other family members (e.g. driving the children to school).

No Disability 0__ 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10 ☒ Worst Disability

Recreation: This disability includes hobbies, sports, and other similar leisure time activities.

No Disability 0__ 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10 ☒ Worst Disability

Social Activity: This category refers to activities, which involve participation with friends and acquaintances other than family members. It includes parties, theater, concerts, dining out, and other social functions.

No Disability 0__ 1__ 2 ☒ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10__ Worst Disability

Occupation: This category refers to activities that are part of or directly related to one's job. This includes non-paying jobs as well, such as that of a housewife or volunteer.

No Disability 0__ 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10 ☒ Worst Disability

Sexual Behavior: This category refers to the frequency and quality of one's sex life.

No Disability 0__ 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10 ☒ Worst Disability

Self Care: This category includes activities, which involve personal maintenance and independent daily living (e.g. taking a shower, driving, getting dressed, etc.)

No Disability 0__ 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10 ☒ Worst Disability

Life-Support Activities: This category refers to basic life supporting behaviors such as eating, sleeping and breathing.

No Disability 0__ 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9 ☒ 10__ Worst Disability

Signature

Judy Foran

Please Print

Judy Foran

Date

Jan 30 / 2017

BBDI-2

Date: _____

Name: Jaclyn JonesMarital Status: MarriedAge: 59Sex: FOccupation: RetiredEducation: College

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- ☐ 0 I do not feel sad.
- ☒ 1 I feel sad much of the time. mornings
- ☐ 2 I am sad all the time.
- ☐ 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- ☐ 0 I am not discouraged about my future.
- ☒ 1 I feel more discouraged about my future than I used to be.
- ☐ 2 I do not expect things to work out for me.
- ☐ 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- ☒ 0 I do not feel like a failure.
- ☐ 1 I have failed more than I should have.
- ☐ 2 As I look back, I see a lot of failures.
- ☐ 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- ☐ 0 I get as much pleasure as I ever did from the things I enjoy.
- ☐ 1 I don't enjoy things as much as I used to.
- ☐ 2 I get very little pleasure from the things I used to enjoy.
- ☒ 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- ☒ 0 I don't feel particularly guilty.
- ☐ 1 I feel guilty over many things I have done or should have done.
- ☐ 2 I feel quite guilty most of the time.
- ☐ 3 I feel guilty all of the time.

6. Punishment Feelings

- ☒ 0 I don't feel I am being punished.
- ☐ 1 I feel I may be punished.
- ☐ 2 I expect to be punished.
- ☐ 3 I feel I am being punished.

7. Self-Dislike

- ☒ 0 I feel the same about myself as ever.
- ☐ 1 I have lost confidence in myself.
- ☐ 2 I am disappointed in myself.
- ☐ 3 I dislike myself.

8. Self-Criticalness

- ☒ 0 I don't criticize or blame myself more than usual.
- ☐ 1 I am more critical of myself than I used to be.
- ☐ 2 I criticize myself for all of my faults.
- ☐ 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- ☒ 0 I don't have any thoughts of killing myself.
- ☐ 1 I have thoughts of killing myself, but I would not carry them out.
- ☐ 2 I would like to kill myself.
- ☐ 3 I would kill myself if I had the chance.

10. Crying

- ☐ 0 I don't cry any more than I used to.
- ☒ 1 I cry more than I used to.
- ☐ 2 I cry over every little thing.
- ☐ 3 I feel like crying, but I can't.

Subtotal Page 1

Continued on Back



NAME

Judy Stora

DATE

Jan 30/2017

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY, by placing an X in the corresponding space in the column next to each symptom.

	NOT AT ALL	MILDLY It did not bother me much.	MODERATELY It was very unpleasant, but I could stand it.	SEVERELY I could barely stand it.
1. Numbness or tingling.			✓	
2. Feeling hot.			✓	
3. Wobbliness in legs.	✓			
4. Unable to relax.				✓
5. Fear of the worst happening.			✓	
6. Dizzy or lightheaded.	✓			
7. Heart pounding or racing.		✓		
8. Unsteady.	✓			
9. Terrified.	✓			
10. Nervous.			✓	
11. Feelings of choking.	✓			
12. Hands trembling.			✓	
13. Shaky.			✓	
14. Fear of losing control.	✓			
15. Difficulty breathing.	✓			
16. Fear of dying.	✓			
17. Scared.		✓		
18. Indigestion or discomfort in abdomen.	✓			
19. Faint.	✓			
20. Face flushed.		✓		
21. Sweating (not due to heat).		✓		

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Product Number 0154018422

CLERICAL FLOW SHEET

CLIENT:

Judy Foran

File #:

2043587

Date:

Jan 31/17

Sent to	Documents/ Reports	Sent VIA
WCB Case Worker		
Insurance Adjuster		
Physician		
Employer		
Lawyer		
DH Case Manager <u>Janice</u>	<u>Psych Ap Rpt</u>	<u>Emailed</u> faxed
Other		



Documents filed in 2017 Report/Documentation Folder

Additional Comments:

Initials

GF
Administration

Administration

Other

PSYCHOLOGICAL ASSESSMENT REPORT

REFERRAL SOURCE: Ms. Lacey MacDonald
TD Meloche Monnex
Claims Manager

Ms. Jennifer Scott
Rehabilitation Consultant

CLAIM NUMBER: 022739235-03

CLAIMANT/CLIENT: Judy Foran

- Date of Birth: 21-Jan-1958

DATE OF ASSESSMENT: January 30, 2017

DATE REPORT ISSUED: January 31, 2017

PSYCHOLOGICAL ASSESSMENT

Referral Information

Ms. Foran, a 59-year-old realtor, was struck by a vehicle when she was crossing a street on November 27, 2016. She was referred for psychological assessment by Ms. Lacey MacDonald, TD Meloche Monnex, Claims Manager, via Ms. Jennifer Scott, Rehabilitation Consultant.

Presenting Problem

Ms. Foran identified several distinct areas of difficulty resulting from the incident of being struck by the vehicle on November 27, 2016. First, she stated that she has considerable difficulty sleeping. She has difficulty falling asleep and staying asleep. She attributes her difficulty sleeping to both pain keeping her awake and interrupting her sleep, as well as anxiety as she feels restless and agitated. She received a recent prescription of Zopiclone 7.5 mg and Clonazepam 0.5 mg as well as cannabis oil. She reported that she had difficulty sleeping last night but had slept better than she had the previous two nights as a result of taking the Zopiclone. She took the Clonazepam on only one occasion and said that it gave her a headache so she has not taken it again. She states that she believes the lack of sleep increases her symptoms of anxiety, tension, irritability, and emotionality, while decreasing her ability to cope.

The second area of concern for Ms. Foran is her pain. She reported that she injured her shoulder as a result of being struck by the vehicle and required surgery. The surgery was performed shortly after the incident. She has regular followup with her surgeon. Most recently, she stated that she was advised not to drive for another eight weeks. She reported that she has been noticing pain in her right hand now. She is right-handed, and her right shoulder was the one that was operated on. She has support services, as she is unable to do many basic self-care tasks, such as bathing or dressing herself. She also attributes her irritability and sense of impatience to the pain as well. She cares for her grandchild a good portion of the time and is currently unable to have her grandchild stay overnight because she is taxed and is concerned she would be unnecessarily irritable.

The third main area of concern for Ms. Foran is her anxiety stemming from being struck by the vehicle. She describes herself as a very nervous passenger. Her husband, Larry, attended the assessment appointment and also described her as being very nervous and tense while a passenger. Currently she is unable to drive because she is unable to safely operate a vehicle given the surgery on her right shoulder. In addition, however, she does not believe she could operate a vehicle presently, even if physically healthy, because of her anxiety. Between her and her husband, they both describe several examples of her exclaiming about potential dangers while she is being driven. She says that she scans the environment for potential dangers, particularly potential collisions, and is also fearful for people walking on the side of the road, as she anticipates a car while strike them. She is fearful to drive in a taxi as the driver is unknown to her, and she does not believe that the driver will be as safe as her husband or a particular friend. She denies having dreams or nightmares related to the collision. She also denies having intrusive recollections about the collision unless she is in a driving-related situation.

The fourth area of concern for Ms. Foran is that she is having difficulty adjusting to the changes in her lifestyle resulting from the pain and anxiety and depression-related symptoms she is experiencing. She described herself as a very driven and goal-oriented person who was involved in many activities prior to being struck by the vehicle. It is unnatural for her to remain home for extended periods of time and to not be involved in many activities and not be travelling around the city working or interacting with others. She said that she used to go to the gym six times per week,

was attending boot camp early several mornings per week, and was involved in many committees and volunteer efforts at her church. She now struggles to get dressed, prepare meals, and bathe. Consequently, she reports being more emotional, frequently tearful, and angry at what she perceives to be the slow rate of recovery. She says she is highly motivated to return to work.

Relevant Background Information

Ms. Foran is married to her husband, Larry. They are both involved in real estate. She has two adult children and one grandchild. She grew up in the Miramichi area of New Brunswick. She stated that she studied sales and marketing in college. She reported herself to be content with her career. She had an active network of friends, acquaintances, and business associates. She has been very involved in her community.

TESTS ADMINISTERED

1. Beck Depression Inventory – II (BDI-II)
2. Beck Anxiety Inventory (BAI)
3. Pain Catastrophizing Scale (PCS)
4. Pain Disability Index (PDI)

Psychometric Test Results

Beck Depression Inventory – II (BDI-II)

The BDI-II measures severity of depression. It is self administered and consists of 21 statements in which the individual must choose one statement for each group that best describes the way he or she has been feeling over the past two weeks.

On the Beck Depression Inventory, Ms. Foran scored in the moderate range of depressive symptoms.

Beck Anxiety Inventory (BAI)

The BAI is an instrument that measures the severity of anxiety. It is self administered and is comprised of 21 items assessing anxiety symptoms. The individual must select from a four-point scale the descriptor that accurately reflects how much a particular symptom has bothered him or her over the past week.

On the Beck Anxiety Inventory, Ms. Foran scored in the moderate range of anxiety symptoms.

Pain Catastrophizing Scale (PCS)

This scale examines catastrophic thinking in relation to pain. It assesses cognitive and affective responses to pain and is considered a measure of pain focus. It is self administered and is comprised of 13 statements which fall into three categories of maladaptive thinking (i.e. rumination, magnification, and helplessness). An individual must select from the five-point scale the descriptor that most accurately reflects how true that statement is for him or her.

On the Pain Catastrophizing Scale, Ms. Foran scored at the 67th percentile.

Pain Disability Index (PDI)

The PDI is a 7 item self report questionnaire that measures the degree with which pain interferes with one's ability to engage in life's activities (e.g. recreation, social activity, and occupation). The scores are recorded on a scale for each item from 0 to 10 with 0 indicating no disability and 10 indicating worst disability.

On the Pain Disability Index, Ms. Foran rated herself to be severely impaired in all areas assessed except for social activities, in which she rated herself to be mildly impaired.

Assessment and Recommendations

It is my opinion, based on my interview with Ms. Foran; collateral information provided by her husband, Larry; a review of an occupational therapy report, dated January 18, 2017, by Ms. Jennifer Scott; and her responses to the psychometric questionnaires, that she requires psychological counselling. Diagnostically, it is my opinion that she meets criteria for an Adjustment Disorder With Depression and Anxiety. It is also my opinion that she meets criteria for a Driving-Related Phobia and a Phobia of Walking on the Street and particularly when crossing through a crosswalk. When asked specifically, Ms. Foran denied having any history of problems with depression or anxiety.

I am recommending psychological counselling to assist Ms. Foran in being able to better adapt to the changes she has experienced as a result of being struck by the vehicle on November 27, 2016. Her day-to-day life is filled with considerable apprehension, discouragement, frustration, and demoralization. She is less engaged in her life, more irritable and apprehensive about her future. She is highly motivated to return to work but is unable to do so presently.

Ms. Foran's anxiety related to vehicles, traffic, and being exposed to the danger of possibly being struck again, is significantly high. It restricts her ability to leave the house, to take taxis, to walk on the street even for exercise, and to otherwise travel around the city. If she goes out with her husband, who she trusts, she is still exceedingly anxious. To help address this, I am recommending that our in-office counselling sessions focus on anxiety management techniques. Moreover, she could benefit from exposure-based therapy to better address her specific fears. I am recommending the inclusion of an occupational therapist to assist her with dealing with the anxiety related to walking on a sidewalk and walking through intersections. Ideally, with the assistance of the occupational therapist, she would be able to make initial gains and then practise walking on sidewalks and through intersections on her own. She may also require further assistance in terms of being able to be a passenger without her anxiety interfering as much. I anticipate that the services of a driving school instructor will be necessary. She is unable to drive now because of her arm injury and is to be reassessed in approximately eight weeks. We can also reevaluate the need for the use of a driving school instructor after she has had the opportunity to work with me and with the occupational therapist on her related anxieties.

I am requesting ten sessions of psychological counseling initially. I am also requesting the services of an occupational therapist to assist with exposure therapy for walking near traffic and am requesting 6 sessions.

Thank you for this referral.



Michael Ross Ph.D.
Psychologist

FILE NOTES

Client Name: Judy Forbes

File #: _____

Date: March 6/17

Chronic

- Fatigued
- out sleeping
- Nothing to lose 100% x2
- Low special - 2m Healing
- corporate
- Highly complex Range of motion
- Right shoulder
- Right Hand Inflamed
- Right Handed

4 months

Post Injury

- Post Injury -

Looking for radical change

Altered Ht posture

Long driving

Altered ↑

Discussed value of Ergonomics exercise Lib

can walk w/ it

change

can - work

Judy Baker/locks

with minor assistance

used motivational interviewing techniques

schedule in 2 weeks

Back

- walking
- Personal Therapy session

Wrist - down

- Wrist - down
- Driving

Dr. Ross PhD

Dr. M. M.

FILE NOTES

Client Name: Judy FORD

File #: _____

Date: mon. 2.7/17

NERVE pain better

Non-inj. lin
- Monty 2/17

GP. Referred to Hypothesis
sleep ~~stop~~ a bit better and more

- ① ~~Exercise~~ want mild motion - o.t.
- increasing complexity of crosswalks
- motivated fiddle f.
- want to sit out

②

Exercise

Personal Training

1/2 hrs

Mon. 2.7/17

Snatch! not more injured

- mood improving
- optimistic

Reflex Ph.D
Physiology

FILE NOTES

Client Name: Judy Fudman

File #: _____

Date: April 3/17

"Complex Regional Pain Disorder"
LDR Margaret told her
has info to read about it.

Margaret's line

Exercise 1/3/17
Hypnotic/relaxation

- Again not told everything

- physio - Helping - Yolanda =
- concerned re. coping with implications for her future
- discussed coping techniques to help address her concerns about it
- Emphasized importance of continued relaxation exercises
- schedule for 2 weeks

M. Margaret
Margaret (Judy)

FILE NOTES

Client Name: Judy Foran

File #: _____

Date: June 9/17

- mix-up R-sidability this long delay between app's
- Nerve pain better controlled with medication
- other pain is chronic
- Some Range of motion Improvement in Right Arm
- goal is to improve conditioning
- not working currently
- motivated to get back to exercise
- "Get down" - But doesn't sing down
- upset with fee money or payment for services

- Avoiding walking - "I'm so cautious" -
- sees pain specialist - DR. Chab
- a orthopedic doctor - will advise on R-ly
- states anxiety increased - Expresses quite helpful -
- still presently meaning to accident
- effects on her life
- states - not dissatisfied by anxiety
- "I won't let anyone take that control
- Over my life"
- Very concerned about long-term effects
- Regional Pain Syndrome

- meditate daily - use self-talk strategies

- feels she should consider other occupation as a full
Back. I suggested there may be medication that
can be made to allow her to continue in her profession.
An O.T. consultation may be helpful in that Regional
Pain (copying/duplicating her logs, Taking notes with clients, etc.)
Available in 3/3 weeks.
on. Burr, PhD p. 4/17/17



To:
Lifemark Bayers Road - Halifax

From:
Lacey Macdonald

Fax:
902 429 8484

Fax:
902 424 1230

Total number of pages, including this page:
2

Telephone:
902 474 1321

Date: February 6, 2017
Time: 9:19 EST

E-mail:
lacey.macdonald@tdinsurance.com

Date of Loss: November 27, 2016

Claim No.: 022739235-3

Message:**Notice of confidentiality:**

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February 6, 2017

LIFEMARK BAYERS ROAD - HALIFAX
JUDY FORAN
7071 BAYERS ROAD.
SUITE 217
HALIFAX, NS B3L 2C2

Claim No.: 022739235-3
Date of Loss: 2016-11-27

Dear Sir/Madam:

Please note you have authorization for 10 Psychological sessions and 6 OT sessions.

If we can assist you in any way, please contact Lacey Macdonald, Claims Services, at 902 474 1321, or by fax at 902 424 1230. When doing so, please refer to the above-mentioned claim number to help us serve you better.

TD Insurance

cc: Judy Foran