

**COMMUNITY MENTAL HEALTH PROGRAM – RETURN TO WORK RECOMMENDATIONS**

<b>Worker's Name:</b>	<b>Claim Number:</b>
<b>Psychologist's Name:</b>	<b>Date of Visit:</b>

When the opportunity for return to work (RTW) is identified, this sheet is a summary of the RTW recommendations you can share with your employer.

Regarding RTW, I recommend:

RTW – Full Abilities

RTW – With Restrictions/Limitations/Accommodations

Recommended restrictions/limitations/accommodations:


Expected Duration of restrictions/limitations/accommodations:

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Psychologist Name  
(please print)

Signature

Date (dd/mm/yyyy)