

PATIENT INFORMATION

Name: _____

Date of birth: _____ Gender: _____
 MM/DD/YYYY

Address: _____

PATIENT CONTACT INFORMATION:

Phone (home): _____

Phone (cell): _____

Messages okay? Yes No

Email: _____
required

SAFETY CHECKLIST

	YES	NO	If "NO", please provide details
All necessary investigations and examinations have been completed, and the pain diagnosis stable			
All medications that might influence cognitive function are stable in dose and well-tolerated			
Client is not significantly misusing alcohol or drugs			
I have assessed the client recently and affirm that they are mentally and emotionally stable, with no concerns for self-harm or harm of others			
I believe the client is ready, willing and able to attend 12 weekly 30-60 minute coaching sessions			
I am happy to be contacted if a medical concern emerges during the coaching relationship			
I will inform the Program Manager if any of the above responses change during the coaching process			

REASON FOR REFERRAL:

SUGGESTED GOALS FOR COACHING:

Health care providers: Please ask your patient to complete the following Pain Self-Efficacy Questionnaire prior to submitting your referral.

PAIN SELF-EFFICACY QUESTIONNAIRE (PSEQ)

To indicate your answer tap one of the options on the scale under each item, from 0 to 6 - where 0 means “not at all confident” and 6 means “completely confident”.

Remember, this questionnaire is not asking whether or not you have been doing these things, but rather how confident you are that you can do them at present, despite the pain.

	Not at all confident						Completely confident	
	0	1	2	3	4	5	6	
I can enjoy things, despite the pain.								
I can do most of the household chores (ex. tidying up, washing dishes, etc.), despite the pain.								
I can socialize with my friends or family members as often as I used to do, despite the pain.								
I can cope with my pain in most situations.								
I can do some form of work, despite the pain. (*work* includes household, paid and unpaid work).								
I can still do many of the things I enjoy doing, such as hobbies or leisure activity, despite pain.								
I can cope with my pain without medication.								
I can still accomplish most of my goals in life, despite the pain.								
I can gradually become more active, despite the pain.								
I can live a normal lifestyle, despite the pain.								

Please note that the referring health care practitioner always retains clinical responsibility for the patient. For some health professions, this may include assessing suicide risk and ensuring that appropriate follow-up and treatment are provided.

Contact us with questions at:
CoachingforHealth@painbc.ca
1-844-430-0818 ext. 2
www.painbc.ca/coaching

PRACTIONER NAME AND CONTACT INFORMATION:

PRACTIONER STAMP OR SIGNATURE

Thank you for enrolling this client in the Coaching for Health program for people living with pain.