

**PATIENT INFORMATION**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
MM/DD/YYYY

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT CONTACT INFORMATION:**

Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Messages okay?  Yes  No

Email: \_\_\_\_\_

**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 frequent 30 minute coaching sessions over the coming 3 months                       |     |    |                                 |
| 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:**

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](mailto:CoachingforHealth@painbc.ca)  
 1-844-430-0818 ext. 2  
[www.painbc.ca/coaching](http://www.painbc.ca/coaching)

**PRACTIONER NAME AND CONTACT INFORMATION:**

\_\_\_\_\_  
 PRACTIONER STAMP OR SIGNATURE

Health care providers: Please ask your patient to complete the following Patient Activation Measure prior to submitting your referral.

**PATIENT ACTIVATION MEASURE**

Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. Your answers should be what is true for you and not just what you think others want you to say.

If the statement does not apply to you, circle N/A.

|   |                   |          |       |                |     |
|---|-------------------|----------|-------|----------------|-----|
| When all is said and done, I am the person who is responsible for taking care of my health                              | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| Taking an active role in my own health care is the most important thing that affects my health                          | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I am confident that I can help prevent or reduce problems associated with my health                                     | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I know what each of my prescribed medications do  | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I am confident that I can tell a doctor concerns I have even when he or she does not ask                                | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I am confident that I can follow through on medical treatments I may need to do at home                                 | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I understand my health problems and what causes them  | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I know what treatments are available for my health problems   | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising                          | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I know how to prevent problems with my health   | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I am confident I can figure out solutions when new problems arise with my health  | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |
| I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress     | Disagree Strongly | Disagree | Agree | Agree Strongly | N/A |