

Delivered by trained volunteers, Coaching for Health can be beneficial for clients who desire to make behavioural changes for their wellness.

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			
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			
The client has been informed that coaching is a volunteer-delivered program that is different from counselling and is able to attend up to 12 sessions of 30-60 minutes			

REASON FOR REFERRAL:

SUGGESTED GOALS FOR COACHING:

Health care providers: Please ask your patient to complete the following Patient Health Questionnaire prior to submitting your referral. We know that living with pain can be very challenging and it can take a toll on mood and mental well-being. If the patient has scored moderate distress or higher (15+) on the PHQ-9, please ensure they have information and access to community mental health resources or counseling to ensure their mental health needs are adequately supported.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself -- or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed, or the opposite -- being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

For office coding: Total score = + +
Total score

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or to get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

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 (press 1, then press 2)
www.painbc.ca/coaching

PRACTITIONER NAME AND CONTACT INFORMATION:

PRACTITIONER STAMP OR SIGNATURE

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