

**Community Pain Management Program**

Participant Record From

**Initial Assessment**

Name: DOB:

**Checklist**

Pre programme assessment ePPOC Initial □ Goal, activity, action, relaxation, charts reviewed □

Participant pre questionnaire □ Weekly plans reviewed □

Consent form □ Post programme assessment ePPOC final □

Initial Dr’s letter sent □ Participant feedback form collected □

File made □ Final Dr’s letter sent □

**Concerns/Considerations**

**Attendance record**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 |
| Date |  |  |  |  |  |  |
| Charts reviewed |  |  |  |  |  |  |

X- Attended XL- Attended but late NA- notified absence A-Did not attend XE- attended but left early LE- attended late and left early R-returned NR-not returned C- completed

Notes:

### Name:

### MY GOAL CHART

|  |  |  |  |
| --- | --- | --- | --- |
|   | **GOALS identified**  | **Or Changes to be made over 6 weeks**  | **Perceived improvement by the end of the programme**(0-100%)  |
| **Home tasks or activities**  |   |   |
| **Paid work/study/ voluntary work**  |  |   |
| **Family activities/ relationships**  |  |   |
| **Social activities**  |  |   |
| **Recreation/sport/ hobbies**  |  |   |
| **Other** |  |  |

Name:

**FUNCTIONAL EXERCISE CHART**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Start Date:**  | **Sit to****Stand** | **Step ups** | **Lunge** | **Walking and carrying** | **Hip extension (with knee extension)** | **Push ups** | **Lifting****(squats with or without weights floor to waist)** | **Lifting****(waist to above head)** | **Single leg balance** | **Back stretch** |
| **Baseline** | **Day 1**  |  |  |  |  |  |  |  |  |  |  |
| **Session 6**  |  |  |  |  |  |  |  |  |  |  |

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