

PASSPORT TO FUNCTION

Chronic Pain Workbook for Improving Quality of Life



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Introduction

The Passport to Function is designed to help you reach your personal goals so that you can manage pain and live well. Use it together with your health care providers to track your progress on your pain journey.

SECTION 1

Journey Planning

For you to complete.

- This is an important first step on your journey towards regaining function and well-being. Give yourself time, as it may take up to 2 hours to complete this part.
- You will also need to fill out the Outcome Measures forms and the Pain Survey in your package.
- Once completed, your care coordinator will meet with you, listen to your experiences and help refine your SMART goals.

SECTION 2

Health Care Provider Input

For your care team to complete.

Read how your care providers plan to support you on your pain journey and any progress notes they may have.

SECTION 3

Resources and References

Local and Provincial resources that can help you along your pain journey.

Note for health care providers: Please help your patient by using this Passport. It has been designed to help people living with pain to set goals for managing their pain and collaborate with their health care team. Please take some time to fill out your designated pages in **Section 2** and use the space to write down patient progress notes during each appointment.

Passport Instructions

Get to know your Passport

Read the introduction page and review the different sections



Fill out your **Outcome Measures Package** before your first appointment

Complete Section 1 before your first appointment

- List your healthcare team
- Read about Goal Setting
- Fill in your **SMART goal worksheets** with 1-5 goals
- Complete the checklists

If you're stuck, the care coordinator will help you at your first appointment.

Meet with your care coordinator to **refine your SMART goals**, then list them at the front of the Passport



Use your Passport regularly on your journey

- Take it to all your appointments
- Ask your healthcare providers to use it too



SECTION 1: JOURNEY PLANNING

My Health Care Team

You might like to list your team of health care providers here, including your family doctor, specialists, physiotherapist, chiropractor, counsellor/social worker, mental health professional, registered massage therapist and all others that are currently involved in your care. It might also include family members or friends who have a special role in your care. This helps to give you a clearer picture of your team, and could be a reference page when you need some help.

Name	Profession/Contact details (if applicable)



My SMART Goals

Complete this section after working through the goal setting worksheets.

1.

2.

3.

4.

5.



Managing My Pain

Please check off any of the following approaches you are currently taking part in, have already tried or would like to try with regards to managing your pain.

Physical	Trying now	Tried before	Would like to try
Aerobic exercises (ex. walking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strength exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tai chi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic aquatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yoga	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

Cognitive	Trying now	Tried before	Would like to try
Acceptance & commitment therapy (ACT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive behavioural therapy (CBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation or mindfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visualization techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

Other Interventions			
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain injections (e.g. cortisone, lidocaine, platelet-rich plasma, prolotherapy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shockwave therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transcutaneous electrical nerve stimulation (TENS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

Providers I have seen			
Acupuncturist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chiropractic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenterologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinesiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Naturopath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

Alcohol/Medications			
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other recreational drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

Education and other supports			
Pain BC resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			

What Is Bothering You Right Now?

Please check off any of the following factors that cause you challenges or concerns.

Emotional

- Fears/worries
- Sadness
- Frustration/anger
- Intimacy/sexuality
- Hopelessness
- Anxiety
- Substance use
- Fatigue

Informational

- Understanding chronic pain and treatment plan
- Knowing about available resources
- Learning coping skills

Practical

- Work/school
- Finances
- Transportation
- Housework
- Parenting / Caregiving
- Housing
- Health insurance
- Sleep difficulty

Physical

- Pain
- Tingling
- Numbness
- Balance issues
- Weakness
- Decreased energy
- Decreased concentration/memory
- Vertigo
- Sensitivity to touch
- Sensitivity to temperature
- Sensitivity to sound
- Sensitivity to light
- Headaches
- Visual disturbance
- Bladder/bowel changes
- Nausea
- Sweating
- Swelling
- Recent weight loss
- Weight gain
- Mobility issues
- Difficulty with daily tasks

Social

- Feeling like a burden to others
- Relationship conflict
- Feeling alone
- Lack of support from family/friends
- Loneliness
- Feeling overwhelmed

Spiritual

- Purpose of life
- Faith

Other *(please describe)*

Please list the top three concerns from this list that you would like to address:

- 1.
- 2.
- 3.

Goal Setting

Goal setting may not be the first thing you think of when developing a pain management plan. However, research has shown that many areas of your lifestyle can impact the experience of pain and that small changes can make a difference in your ability to manage pain. Goal setting can be an effective tool to help you return to function and live well.

Defining goals

1. Think of an area of your life that is important to you that is currently being impacted by pain.
 - *Examples include health, physical activity, number of medications, family, friends, spirituality, nutrition, creativity, career or any other personal life values.*
2. Clarify what you want to change in that important area of your life.
 - *Example 1: "I want more movement in my neck after struggling with chronic pain and stiffness from a car accident."*
 - *Example 2: "I am lonely as I feel no one understands my pain. I am always stuck in my house and would like to get out in my community more."*

Refining a SMART goal

Using the important areas of your life above, start thinking about the SMART goal to achieve it:

S	Specific	Make sure your goals involve a <u>SPECIFIC</u> concrete action.
M	Measurable	Making your goals <u>MEASURABLE</u> will keep you accountable and help you keep on track.
A	Attainable	Set <u>ATTAINABLE</u> goals, so you can towards accomplishing them.
R	Relevant/Realistic	<u>RELEVANT</u> / <u>REALISTIC</u> goals will help you achieve success.
T	Time-bound	And remember, to set a time frame for your goal, i.e. make them <u>TIME-BOUND</u> . This means your goal cannot be as broad as "get rid of pain" or "reduce my stress."

- *Example 1: To return to a 1-hour yoga class, twice weekly, in 10 weeks' time.*
- *Example 2: "Starting this week, by end of 2 months, my goal is to have a 30-min coffee date with one friend."*

Building a SMART goal

Example #1

S. Specific.

(What single goal do you want to set for yourself and work towards?)

To return to a yoga class, twice weekly for 1 hour.

M. What will you measure? What tools do you need to measure it?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

I'll begin 20 min at home, twice weekly and increase by 5 minutes a week until I reach an hour.

Measure: Have I done my yoga twice weekly?

I could use a calendar to remind me which days I should be doing yoga and for how long. I can cross them off when I have done them.

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure 0 1 2 3 4 Somewhat sure 5 **6** 7 8 Extremely sure 9 10

How important is this goal to me?

Not important 0 1 2 3 4 Somewhat important 5 6 7 **8** Very important 9 10

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

I think it's achievable. I used to go to classes before I was in pain. I'll start with some gentle stretching and yoga poses at home. I have some experience of doing yoga, but I might need some assistance remembering poses. I could phone my yoga teacher to see if there are any online instructors that they recommend watching. I can also ask my physiotherapist for assistance.

T. Time-bound

(What is your time frame?)

10 weeks. If I add 5 minutes a week, then I'll reach an hour in 8 weeks. I've added two more weeks, in case I need to go a little slower.

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

To return to a 1-hour yoga class, twice weekly, in 10 weeks' time.

Example #2

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

To have a coffee date with one friend once a week.

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

Measure: Have I gone on my weekly coffee date with a friend.

By 2 months, a 30 min coffee date will happen every week.

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure 0 1 2 3 4 5 6 7 8 9 10 Extremely sure

How important is this goal to me?

Not important 0 1 2 3 4 5 6 7 8 9 10 Very important

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

I want to increase my social connection to reduce my loneliness. I have a list of three friends with their contact information to set this up. My schedule is flexible. I have multiple people to try to connect with in case the other person is busy/sick/away.

T. Time-bound

(What is your time frame?)

I want to work on this over the next two months and then re-evaluate what my social needs are at that time.

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

Starting this week, by end of 2 months, my goal is to have a 30-min coffee date once a week with one friend, at a location outside my house.

SMART Goal Worksheets

MY GOAL #:

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure				Somewhat sure				Extremely sure		
0	1	2	3	4	5	6	7	8	9	10
Not important				Somewhat important				Very important		
0	1	2	3	4	5	6	7	8	9	10

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time-bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

MY GOAL #:

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure				Somewhat sure				Extremely sure		
0	1	2	3	4	5	6	7	8	9	10
Not important				Somewhat important				Very important		
0	1	2	3	4	5	6	7	8	9	10

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time-bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

MY GOAL #:

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure			Somewhat sure				Extremely sure			
0	1	2	3	4	5	6	7	8	9	10
Not important			Somewhat important				Very important			
0	1	2	3	4	5	6	7	8	9	10

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time-bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

MY GOAL #:

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure				Somewhat sure				Extremely sure		
0	1	2	3	4	5	6	7	8	9	10
Not important				Somewhat important				Very important		
0	1	2	3	4	5	6	7	8	9	10

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time-bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

MY GOAL #:

S. Specific. What is your goal? Be specific.

(What single goal do you want to set for yourself and work towards?)

M. Measurable. What will you measure?

(How much time you will spend working on your goal, frequency, and what will let you know you have reached your goal)

A. Attainable

How confident am I that I will be able to accomplish this goal?

Not sure				Somewhat sure				Extremely sure		
0	1	2	3	4	5	6	7	8	9	10
Not important				Somewhat important				Very important		
0	1	2	3	4	5	6	7	8	9	10

R. Realistic / Relevant

(Is your goal achievable with all the other things happening around you?)

T. Time-bound

(What is your time frame?)

State your draft goal in one sentence

(it may be further refined with help from your care coordinator)

Self-Management

You most likely know how important it is to play an active role in your pain management journey. In fact, we're sure you've been doing this in the best way you can for a while now. Self-management is an essential practice that can help you empower yourself to take charge of your health and recovery. Research shows that it can have a significant impact on your quality of life. As health providers, we'd like to know what skills you have already, so that we may best collaborate with you going forward.

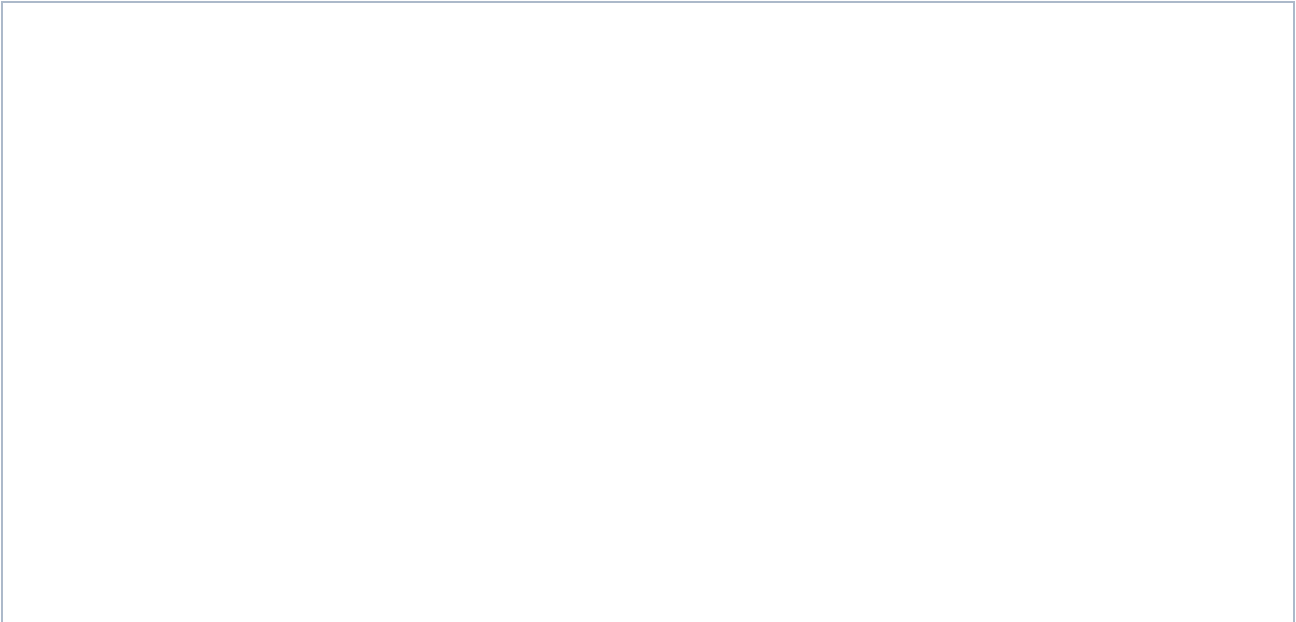
At the Beginning of my Passport Journey

1. What skills and behaviours do you currently have that **are helpful** in managing your pain?

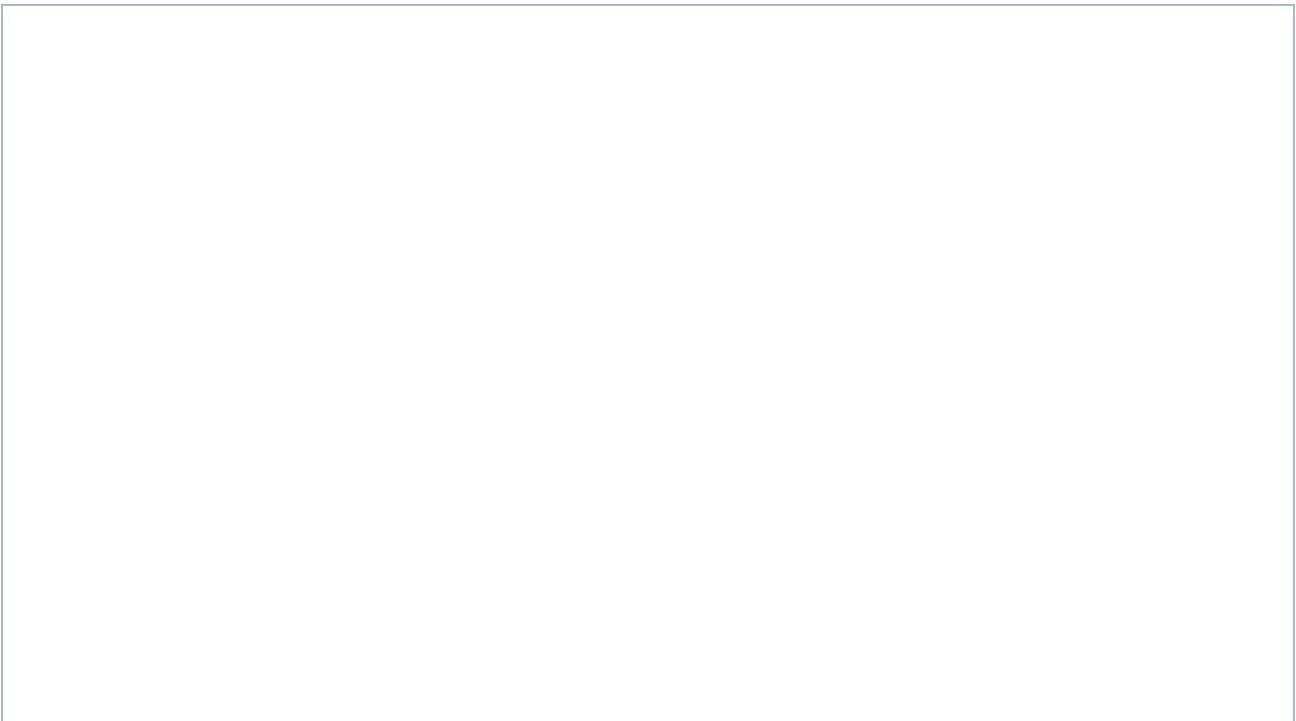
2. What behaviours do you notice in yourself that **are not helpful** in managing your pain?

At Six Months of my Passport Journey

1. What skills and behaviours do you currently have that **are helpful** in managing your pain?



2. What behaviours do you notice in yourself that **are not helpful** in managing your pain?



At 12 Months of my Passport Journey

1. What skills and behaviours do you currently have that **are helpful** in managing your pain?

2. What behaviours do you notice in yourself that **are not helpful** in managing your pain?

My Pain Relief Toolkit

Use the diary below to jot down things that help you manage pain and improve function (e.g. deep breathing, regular walking, stretching/yoga, music, sunlight, good friends, sleeping for x number of hours, etc.).

Continue adding to this list as you think of new or existing interventions that are helpful with managing pain and its many impacts. When you have a bad day, look back on this “Positive pain toolkit” and pick something from your list to try. If it has helped you once, it can help you again.

Date	Intervention	Comments
Example August 25, 2020	Going for a walk	Felt good to move my body. Was a little painful at first but things improved as I got moving. Pain reduced by 30% by the time I finished a 10-minute walk.

My Pain Relief Toolkit *(continued)*

Date	Intervention	Comments



Questions for my Health Care Team

Fill out the section below when you think of any questions or concerns that you would like to address with your health care providers.

Date and for what provider	Question for your provider and their answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer

Questions for my health care team *(continued)*

Date and for what provider	Question and Answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer
Date:	Question
Provider:	Answer

Notes for Myself



SECTION 2: HEALTH CARE PROVIDER INPUT

Outcome Measure Scores

	Start	3 months	6 months	9 months	12 months
BPI					
Severity:	/40	/40	/40	/40	/40
Interference:	/70	/70	/70	/70	/70
PHQ-9	/27	/27	/27	/27	/27
GAD-7	/21	/21	/21	/21	/21
PCS	/52	/52	/52	/52	/52
Rmn:	/16	/16	/16	/16	/16
Mgnf:	/12	/12	/12	/12	/12
Hlpns:	/24	/24	/24	/24	/24
Tampa Scale of Kinesiophobia	/68	/68	/68	/68	/68

Optional

	Start	3 months	6 months	9 months	12 months
On average, how many days a week do you have an alcoholic drink?					
On a typical drinking day, how many drinks do you have?					

Goal Breakdown Sheets

(For Patient / Care Coordinator / Social Worker / Physiotherapist / Others)

These sheets can be used to further breakdown your SMART goals into achievable portions or steps. You can do this in conjunction with one or more of your health professionals.

EXAMPLE GOAL 1: To return to a 1-hour yoga class, twice weekly, in 10 weeks' time

Today's date: dd/mm/yy	Date we will achieve this goal: dd/mm/yy
-------------------------------	---

Care Coordinator: How will we break down this goal in order to achieve it?

- 1) Education regarding pacing.
- 2) Schedule mid-way check-in at 5weeks, to assist with any problem solving.
- 3) Referral to yoga studios with pain management classes.
- 4) Liaise with physiotherapist for updates.

Physiotherapist: How will we break down this goal in order to achieve it?

- 1) Pain Science Education
- 2) In-clinic yoga instruction – Gentle poses: Form and pacing education.
- 3) Home practice commencing in week 1: 2 x 15 minutes twice weekly. 10min yoga and finish with meditative breathing/savasana for 5min.
- 4) At week 4 increase to 10min of breathing/savasana (25min yoga, 10min breathing/savasana)
- 5) Increase pose portion by ten minutes for weeks 5 and 6.
- 6) Week 7: Attend one gentle yoga class, and complete one at home.
- 7) Week 8: Attend two gentle yoga classes.
- 8) Week 9: Attend one or two gentle yoga class, depending on how the body feels.
- 9) Week 10: Attend two yoga classes.

Date:	Notes, changes or additions:
dd/mm/yy	Physio: Addition of ten-minute increases in week 5 and 6 was too much. Continued by adding 5 minutes a week and added 2 weeks to the plan for 12 weeks total.
dd/mm/yy	Care Coordinator: Checked in with patient and physio. Agreed as a team to slow down a little and add 2 weeks, as noted above.

Goal Breakdown Sheets

(For Patient / Care Coordinator / Social Worker / Physiotherapist / Others)

EXAMPLE GOAL 2: Starting this week, by the end of 2 months, my goal is to have a 30-min coffee date once a week with one friend, at a location outside my house.

Today's date: dd/mm/yy	Date we will achieve this goal: dd/mm/yy
-------------------------------	---

Care Coordinator: How will we break down this goal in order to achieve it?

- 1) Discuss reasons that prevent achievement of this goal (e.g. fear of leaving house, overwhelm, pain, and fatigue) – address as necessary.
- 2) Commence with in-house coffee dates once weekly for up to 30min for 3 weeks.
- 3) Weeks 4 and 6: schedule coffee date away from house for up to 30min.
- 4) Weeks 5 and 7: schedule dates in house.
- 5) Weeks 8 and 9: coffee dates away from house.
- 6) Care coordinator check in at 3, 6, and 9 week mark
- 7) Provide support, as needed, during this 2-month process.

Physiotherapist: How will we break down this goal in order to achieve it?

- 1) Address any physical limitations that prevent achievement of this goal: for example, pain, fatigue, lack of endurance.
- 2) Education and physical rehabilitative exercises as appropriate to address above.
- 3) Pain science education
- 4) Education on pacing.

Date:	Notes, changes or additions:
dd/mm/yy	Care coordinator: 3 week check in. On track. Maintaining home coffee schedule.
dd/mm/yy	Physio: Home program provided and being followed. Patient finds the routine is helpful and is building some endurance for her. Feeling less fatigues.
dd/mm/yy	Care coordinator: 6 week check in: Managed to do the coffee dates away from home. Skipped the home coffee on week 5 due to feeling fatigued.
dd/mm/yy	Care Coordinator: Patient has managed to mostly maintain the schedule and feels confident of maintaining this goal on most weeks. Success!

Goal Breakdown Sheets

(For Patient / Care Coordinator / Social Worker / Physiotherapist / Others)

GOAL 1:

Today's date:

Date we will achieve this goal:

Care Coordinator: How will we break down this goal in order to achieve it?

Physiotherapist: How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:

Goal Breakdown Sheets

(For Patient / Care Coordinator / Social Worker / Physiotherapist / Others)

GOAL 2:

Today's date:

Date we will achieve this goal:

Care Coordinator: How will we break down this goal in order to achieve it?

Physiotherapist: How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:

Goal Breakdown Sheets

(For Patient / Care Coordinator / Social Worker / Physiotherapist / Others)

GOAL 3:

Today's date:

Date we will achieve this goal:

Care Coordinator: How will we break down this goal in order to achieve it?

Physiotherapist: How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:

Goal Breakdown Sheets

(For Patient / Care Coordinator / Social Worker / Physiotherapist / Others)

GOAL 4:

Today's date:

Date we will achieve this goal:

Care Coordinator: How will we break down this goal in order to achieve it?

Physiotherapist: How will we break down this goal in order to achieve it?

Date:

Notes, changes or additions:

Goal Breakdown Sheets

(For Patient / Care Coordinator / Social Worker / Physiotherapist / Others)

GOAL 5:

Today's date:	Date we will achieve this goal:
---------------	---------------------------------

Care Coordinator: How will we break down this goal in order to achieve it?

Physiotherapist: How will we break down this goal in order to achieve it?

Date:	Notes, changes or additions:
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General Practitioner / Family Doctor Notes

Please add notes or instructions for your patient in this space. Also comment, if applicable, on your patient's progress since your last visit. Share any insights that may be pertinent or goals that you would like your patient to address. **Patients, please feel free to make your own notes if your health professional is pressed for time.**

GP Name/Notes/Comments/Homework:	Date:
<i>e.g. Dr Johnson: Discussed medication changes. Will monitor effects over next 2 months.</i>	<i>dd/mm/yy</i>

General practitioner / family doctor *(continued)*

GP Name/Notes/Comments/Homework:

Date:

--	--

Specialist Notes

Please add notes or instructions for your patient in this space. Also comment, if applicable, on your patient's progress since your last visit. Share any insights that may be pertinent or goals that you would like your patient to address. **Patients, please feel free to make your own notes if your health professional is pressed for time.**

Specialist Name/Notes/Comments/Homework:

Date:

e.g. Dr Torrance – Pain specialist: Diagnostic nerve block to L4/5 facet. Pain diary to be filled out and will follow up in one week.

dd/mm/yy

Specialists *(continued)*

Notes/Comments/Homework:

Date:

Physiotherapist / Occupational Therapist / Chiropractor / RMT / Others Notes

Please add notes or instructions for your patient in this space. Also comment, if applicable, on your patient's progress since your last visit. Share any insights that may be pertinent or goals that you would like your patient to address. **Patients, please feel free to make your own notes if your health professional is pressed for time.**

Health Professional Name/Notes/Comments/Homework:	Date:
<p><i>e.g. Jody tends to brace when pain is felt. This increases her pain experience. I gave Jody a box breathing technique to help regulate her mind/body response to pain.</i></p>	<p><i>dd/mm/yy</i></p>



**Physiotherapist / Occupational Therapist / Chiropractor /
RMT / Others Notes** *(continued)*

Health Professional Name/Notes/Comments/Homework:

Date:

Social Worker / Counsellor / Mental Wealth Professional Notes

Please add notes or instructions for your patient in this space. Also comment, if applicable, on your patient's progress since your last visit. Share any insights that may be pertinent or goals that you would like your patient to address. **Patients, please feel free to make your own notes if your health professional is pressed for time.**

Health Professional Name/Notes/Comments/Homework:	Date:
<p><i>e.g. Bill is struggling to pay rent at present due to inability to work. I have helped him apply for a rental subsidy which will decrease the monthly stress he feels.</i></p>	<p><i>dd/mm/yy</i></p>



Social Worker / Counsellor / Mental Health Professional Notes *(continued)*

Health Professional Name/Notes/Comments/Homework:

Date:

SECTION 3: RESOURCES & REFERENCES

Pain Education Resources

Pain BC (painbc.ca)

Pain BC is a registered charity whose mission is to enhance the well-being of all people living with pain through empowerment, care, education and innovation.

Pain BC offers the following free programs and tools to help people living with pain develop a holistic, integrated approach to pain management:

- **LivePlanBe** (liveplanbe.ca) and **LivePlanBe+** (liveplanbeplus.ca): LivePlanBe and LivePlanBe+ are both free, online education programs created with the input of people living with pain. Both include a large library of resources and information to help you live better with chronic pain.
 - LivePlanBe might be for you if: you want to browse our library or resources at your own pace and there are specific topics that interest you.
 - LivePlanBe+ might be for you if: you are interested in a guided education program and want an interactive learning experience.
- **Pain Support Line** (painbc.ca/supportline): The Pain Support Line provides free information, support and a listening ear to talk about your own pain or that of a family member or friend. Trained staff and volunteers can help by providing a safe space to talk about pain and its impact on your life, information on community resources including health care, social services and supports, income assistance, transportation, home health support, food, housing, and more. The Pain Support Line is available from Monday to Friday 9 AM – 4 PM and can be reached toll-free at 1-844-880-PAIN (7246).
- **Pain Support and Wellness Groups** (painbc.ca/supportgroups): Pain Support and Wellness Groups offer an opportunity for people living with persistent pain to meet regularly and build a community of support while learning about pain, pain management and coping strategies. Groups are free to attend and meet online every second and fourth Tuesday of the month.
- **Coaching for Health** (painbc.ca/coaching): Coaching for Health is a free telephone coaching program designed to help people living with pain learn self-management skills, regain function and improve their well-being. Accessing the program requires a referral from any licensed medical professional.
- **MyCarePath** (mycarepath.ca): MyCarePath is a free online resource for teens ages 12-17. When it comes to pain in kids and teens, early intervention is key. This site gives teens the right information so they can take action and be in charge of their own pain management plan.
- **Pain Waves Podcast** (painbc.ca/painwaves): Tune in to Pain BC's free Pain Waves podcast to hear from leading chronic pain experts and people in pain as they discuss the latest pain management research, stories, tools, and trends.
- **Pain BC Newsletter** (painbc.ca/get-involved/newsletter): Pain BC's free monthly newsletter that provides updates on the latest pain-related news, events, resources, opportunities and much more. Examples of what's included: helpful resources for people living with chronic pain and caregivers, opportunities for people in pain to get involved in advocacy and research, etc.

Topic-Specific Resources

Exercise, movement and paced activities

- Gentle Movement @ Home: A series of free video recordings that provide guided movement and relaxation designed to help people with persistent pain learn to feel safe to move again. Topics include breath awareness and regulation, body tension regulation, and movement and relaxation techniques in both seated and standing positions. (www.painbc.ca/gentle-movement-at-home)

Goal setting

- TAPMI website: Goal setting for pain (www.tapmipain.ca/patient/managing-my-pain/pain-u-online/goal-setting.html)

Support for friends and family

- Pain BC's resources for friends and family (www.painbc.ca/find-help/support-friends-family)

General BC Resources

Bill Nelems Pain and Research Centre in Kelowna (www.nelemspain.ca):

The Bill Nelems Pain & Research Centre began in Kelowna, British Columbia, and is a pain management clinic specializing in procedural, medical, and rehabilitative interventions for chronic pain. They now represent a network of affiliated clinics across the southern interior of British Columbia. They facilitate online pain education and host webinars on various aspects of pain and pain management. See the links below:

- <https://nelemspain.ca/services/pain-education-classes/>
- <https://nelemspain.ca/pain-management-tools/>
- <https://nelemspain.ca/past-webinars/>

Self-Management BC (selfmanagementbc.ca)

Self-Management BC (University of Victoria) provides free education and self-management programs for adults experiencing ongoing physical or mental health issues, including chronic pain.

Programs are offered over a span of six weeks and are available to all British Columbians online, by telephone and by mail.

Arthritis Society (arthritis.ca)

The Arthritis Society provides free evidence-based information, resources and online tools for people living with arthritis, including webinars, workshops, articles and other online learning opportunities.

BC Women's Hospital Complex Chronic Diseases Program (www.bcwomens.ca/our-services/specialized-services/complex-chronic-diseases-program)

The Complex Chronic Diseases Program provides patient and symptom-centered care to people living with chronic diseases, including chronic pain, with the support of an interprofessional team of health care providers. The program can be accessed through a referral from a primary care provider (e.g. physician, nurse practitioner, naturopathic doctor or specialist).

Family Caregivers of BC (familycaregiversbc.ca)

This is a non-profit organization that is leading the efforts to provide support, information, and education to caregivers across the province. Resources include, but are not limited to:

- **Virtual support groups for caregivers** (www.familycaregiversbc.ca/family-caregiver-support-groups)
- **Caregivers Out Loud podcast** (www.familycaregiversbc.ca/podcast)

Neil Squire Society (neilsquire.ca)

The Neil Squire Society uses technology, knowledge and passion to empower Canadians living with disabilities. Their free programs offer an opportunity for people with disabilities to develop computer skills, build their employment skills and re-enter or enter the workforce. They also provide assistive technology services to help remove any technology barriers that people living with disabilities may otherwise experience.

Canada Pain Toolkit (<https://www.pipain.com/pain-toolkits.html>)

This not-for-profit has a mission of providing an enhanced quality of life for people and their families living with persistent pain through self-management programs and peer support. There are online resources and self-guided sections to work through.

Tame the Beast (www.tamethebeast.org):

This is a useful online resource with a clear video explanation of persistent pain, as well as lots of other useful information. There are real patient stories to listen to, as well as some self-guided resources.

This workbook was developed by the Shuswap North Okanagan Division of Family Practice with support of Shared Care funding. For questions: info@snodivision.ca.

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