Individualised pain management plan

Date:	
Pain team members	
Pain specialist	
Pain fellow	
Nurse practitioner	
Clinical psychologist	
Physiotherapist	

About my pain	
Pain issues	
What helps?	
What doesn't help?	
Pain score	
What I'd like to do if my pain could be managed	

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The goal of the treatment is to improve function and reduce distress by incorporating the following:	
Physiotherapy	
Psychology	
Complementary treatments and other referrals	
Follow up (clinic coordinator) Phone number:	
Contact name:	
Contact email:	

Consent to exchange information	Yes	No
I consent to the clinicians of the pain service to discuss my/my child's care within the team and with other relevant care providers.	☐	☐
I consent to my/my child's de-identified information being used in future unspecified research and/or quality improvement activities that have been approved by a Human Research Ethics Committee. I understand that I/my child will not be identifiable in any publication and I have the right to withdraw my consent, without consequence, by contacting the pain service.	☐	☐

Signed		
Treating specialist	Young person	Parent/caregiver