



Welcome to Evolving Pain.

Thank you for trusting us to share your journey...we bet it's been a wide ride so far.

To best support you whilst you are with us please enter the information below. If you require assistance with this please don't hesitate to ask us.

Title: _____ Surname: _____

Given name/s: _____ Date of birth: _____

Gender: Female / Male / Other: _____ Preferred pronoun: She / He / They

Address: _____

Best number to contact you on: _____

Email: _____

Would you like to receive appointment notifications via SMS / email / both? (Please circle)

Would you like to receive email information updates? Y or N (Please circle)

Who is responsible for payment of the account? Self / Parent / Third party

Insurance company / third party details if applicable: _____

Claim no: _____ Date of injury: _____

Case manager name and email: _____

Do you have written approval for the consultation? Y or N (Please circle)

Referring doctor and clinic details: _____

GP's name and clinic details: _____

Other allied health treaters involved in your care that you would like us to correspond with: _____

Now onto the official stuff...



*We want to be as transparent as possible.
Pain gives you enough nasty surprises!!!!*

Your sensitive information: Privacy

Please know that your privacy is respected and protected by both practitioner and administrative staff at Evolving Pain, and we take this very seriously. In the cases below however, you must be aware that your sensitive information may be shared (by law) outside your treating team.

1. Subpoenaed by the court
2. You are identified as at harm to yourself or others
3. Your Prior approval has been obtained to:
 - a) Provide a written report to another professional or agency
 - b) Discuss your clinical presentation with a person in your community (parent/employer) for the benefit of your health and wellbeing.

Here are our private fees:

Initial pain exploration: Rach - 90 mins - \$240

Amy - 60 mins - \$190

Pain coaching sessions (following initial pain exploration): Rach / Amy - 60 mins - \$190

Review consultations Rach and Amy - Long - 60 mins - \$190

- Standard - 45 mins - \$140

- Short - 30 mins - \$95

We have HICAPS for private health rebates. Please check with your health fund as to the specific rebates available or swipe your magic card for a surprise on the day of consultation.

Some consults may be eligible for a rebate of \$55.10 through medicare. These are part of the Enhanced Primary Care service, which you may be eligible for through your GP. If you have reached your medicare safety net threshold your rebate amount may be greater.

If written evidence is provided that a third party accepts liability for your consultation fees we are happy to direct the bill to them. One less worry for you! If you do not have approval from a third party the private fees above apply however you may seek reimbursement from them directly.

Cancellations and non-attendance:

This one is always a sensitive issue. Please respect that others may miss out on necessary care if not enough notice is given to fill your appointment time. We think the below is fair:

50% of the consultation fee if cancellation is less than 24 hours.

Please note this includes third party. We cannot charge third parties for consultation time if you do not show up.

We understand people can be unwell at last minute, especially in the vulnerable community. In these circumstances get checked out by a doctor. We will waive your cancellation / non attendance fee on presentation of a medical certificate.

I, _____ have read and understood the above policies at Evolving Pain, am comfortable with the above, and agree to participate in a clinical interaction with an Evolving Pain therapist.

Signed: _____ Date: _____



A bit about your pain:

None of us love filling out questionnaires, however they are an important part of the standardised screening process we use to check in and get a baseline before we begin to work our magic.

We would be very appreciative if you filled in the following pages and returned these to us (in addition to other relevant documentation) before your appointment at Evolving Pain.

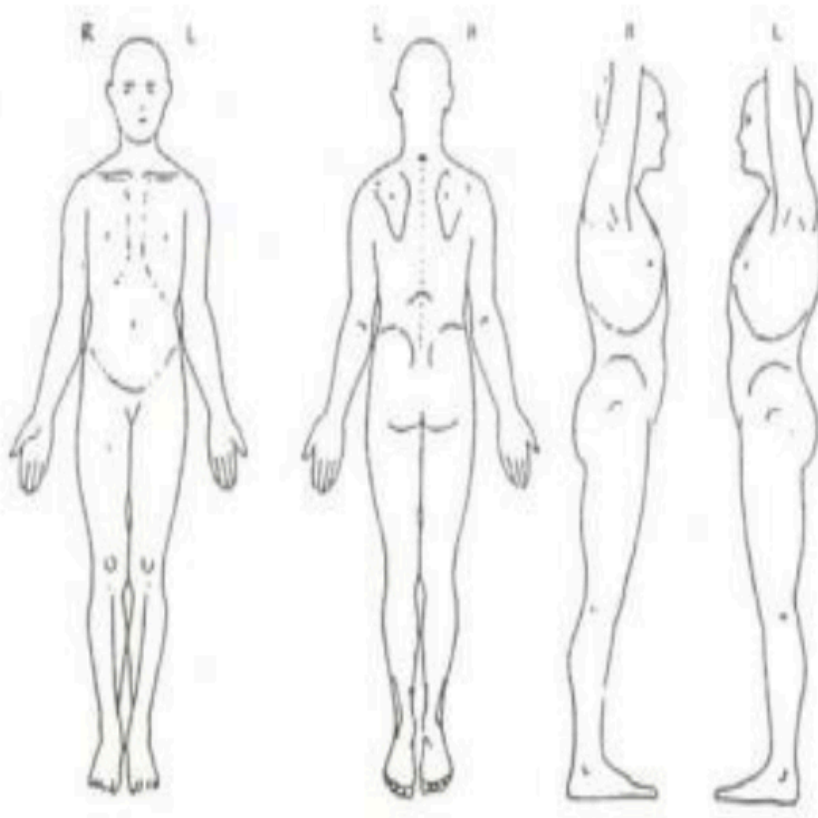
This streamlines our processes and gives us more time with you.

Reproduced with acknowledgement of the Pain Research Group
The University of Texas MD Anderson Cancer Center, USA



1. If you could please indicate on the proposed body chart where you pain is by shading in the areas you feel pain and putting an X on the area that hurts the most

Feel free to use coloured markers if it helps to explain your pain to us



2. Please rate your pain by circling the one number that best describes your pain at its worst in the last week.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

3. Please rate your pain by circling the one number that best describes your pain at its least in the last week.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain on average.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine

5. Please rate your pain by circling the one number that tells how much pain you have right now.

0 1 2 3 4 5 6 7 8 9 10
No pain Pain as bad as you can imagine



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PCS

Everyone experiences painful situations at some point in their lives. Such experiences may include headaches, tooth pain, joint or muscle pain. People are often exposed to situations that may cause pain such as illness, injury, dental procedures or surgery.

We are interested in the types of thoughts and feelings that you have when you are in pain. Listed below are thirteen statements describing different thoughts and feelings that may be associated with pain. Using the following scale, please indicate the degree to which you have these thoughts and feelings when you are experiencing pain.

0 – not at all **1** – to a slight degree **2** – to a moderate degree **3** – to a great degree **4** – all the time

When I'm in pain ...

- 1 ☐ I worry all the time about whether the pain will end.
- 2 ☐ I feel I can't go on.
- 3 ☐ It's terrible and I think it's never going to get any better.
- 4 ☐ It's awful and I feel that it overwhelms me.
- 5 ☐ I feel I can't stand it anymore.
- 6 ☐ I become afraid that the pain will get worse.
- 7 ☐ I keep thinking of other painful events.
- 8 ☐ I anxiously want the pain to go away.
- 9 ☐ I can't seem to keep it out of my mind.
- 10 ☐ I keep thinking about how much it hurts.
- 11 ☐ I keep thinking about how badly I want the pain to stop.
- 12 ☐ There's nothing I can do to reduce the intensity of the pain.
- 13 ☐ I wonder whether something serious may happen.

... Total



EVOLVING PAIN

DASS 21 NAME _____ DATE _____

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

FOR OFFICE USE

		N	S	O	AA	D	A	S
1	I found it hard to wind down	0	1	2	3			
2	I was aware of dryness of my mouth	0	1	2	3			
3	I couldn't seem to experience any positive feeling at all	0	1	2	3			
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3			
5	I found it difficult to work up the initiative to do things	0	1	2	3			
6	I tended to over-react to situations	0	1	2	3			
7	I experienced trembling (eg, in the hands)	0	1	2	3			
8	I felt that I was using a lot of nervous energy	0	1	2	3			
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3			
10	I felt that I had nothing to look forward to	0	1	2	3			
11	I found myself getting agitated	0	1	2	3			
12	I found it difficult to relax	0	1	2	3			
13	I felt down-hearted and blue	0	1	2	3			
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3			
15	I felt I was close to panic	0	1	2	3			
16	I was unable to become enthusiastic about anything	0	1	2	3			
17	I felt I wasn't worth much as a person	0	1	2	3			
18	I felt that I was rather touchy	0	1	2	3			
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3			
20	I felt scared without any good reason	0	1	2	3			
21	I felt that life was meaningless	0	1	2	3			
TOTALS								

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