



PLEASE READ AND SIGN BEFORE APPOINTMENT

Confidential Communication Limitations

Your communications with the Triangle Orthopaedics psychologist are confidential with the following exceptions:

- Inside of Triangle Orthopaedics (TOA) your medical/psychological records are available to other Triangle Orthopaedics providers and staff, all of whom are required to maintain confidential communication OUTSIDE of TOA. Triangle Orthopaedics' providers work as a team, as such we want to be free to share your health information, including your psychological information, with each other in order to provide you with the highest quality of care
- If in the course of our discussion you were to reveal your intention to harm yourself or someone else, our confidential communication would likely need to be broken in order to contact other persons who could help to keep you or the threatened person(s) safe.
- If in the course of our discussion you were to reveal instances of actual or suspected abuse of children, older adults, or disabled persons by you or by another party we are required by law to contact the authorities in order to keep that person(s) safe.
- If you are here as part of a WORKERS COMPENSATION case understand that there is no confidential communication in cases involving Workers Compensation, such that the Workers Compensation insurance carrier, or your employer, if the company is self-insured, may have access to your medical and psychological treatment records.
- If you are here as part of your treatment for a PERSONAL INJURY ACCIDENT which is in current or future litigation (lawsuit) it is possible that the opposing attorney could at a later date request the court to order TOA deliver your medical/psychological treatment records. If we receive such a court order to release the records we will have to comply.
- Your insurance company will require information about your care in order to process the claim. As such information from your psychological evaluation can be released to the carrier as needed in order for them to pay for the service.

IF YOU DO NOT AGREE WITH ANY OF THESE TERMS YOU SHOULD NOT ATTEND THE BEHAVIORAL/PSYCHOLOGICAL EVALUATION AND YOU SHOULD DISCUSS YOUR CONCERNS WITH THE PROVIDER WHO REFERRED YOU.

My signature below gives my consent for the consultation, and indicates my understanding of and agreement with the above.

Date: __/__/____

Health Psychology Problem List

Below are some common problem areas or concerns experienced by people with chronic pain or other chronic health problems. Please circle the numbers of those you are currently experiencing and with which you would like help.

1. Getting more control over the role of pain in my life. It seems like my pain is in charge, not me.
2. Developing some non-medicine ways of managing my pain so I won't have to rely only on my medications.
3. Learning to relax more effectively. It seems I am always tensed up and stressed with the pain.
4. Improving my sleep. I have a hard time either falling asleep, staying asleep or falling back to sleep after I awaken. Or I sleep a lot but still don't feel refreshed and rested.
5. Family stressors related to the pain, i.e. family communication problems, loss of family closeness and/or activities.
6. My sex life, i.e. loss of interest in sex, sexual ability or both.
7. Getting back to work or learning a trade or career I can do with my pain or health problem.
8. Getting going with an exercise program or a healthier lifestyle.
9. I need help with my mood, i.e. bad attitude, irritability, or depression.
10. I want to get back into life again, i.e. social life, recreation/leisure, community and spiritual activities.
11. Reducing or getting off of pain medications.
12. Others: _____

Instructions

These questions and statements apply if you have aches or pains, such as back, shoulder or neck pain. Please read and answer questions carefully. Do not take too long to answer the questions, however it is important that you answer every question. There is always a response for your particular situation.

<p>1. Where do you have pain? Place a tick for all appropriate sites.</p> <p> <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Upper back </p> <p> <input type="checkbox"/> Lower back <input type="checkbox"/> Leg <input type="checkbox"/> Other (state) _____ </p>	<p>2x (max 10)</p>
<p>2. How many days of work have you missed because of pain during the last 18 months? Tick one.</p> <p> <input type="checkbox"/> 0 days (1) <input type="checkbox"/> 1-2 days (2) <input type="checkbox"/> 3-7 days (3) <input type="checkbox"/> 8-14 days (4) </p> <p> <input type="checkbox"/> 15-30 days (5) <input type="checkbox"/> 1 month (6) <input type="checkbox"/> 2 months (7) <input type="checkbox"/> 3-6 months (8) </p> <p> <input type="checkbox"/> 6-12 months (9) <input type="checkbox"/> over 1 year (10) </p>	
<p>3. How long have you had your current pain problem? Tick one.</p> <p> <input type="checkbox"/> 0-1 weeks (1) <input type="checkbox"/> 1-2 weeks (2) <input type="checkbox"/> 3-4 weeks (3) <input type="checkbox"/> 4-5 weeks (4) </p> <p> <input type="checkbox"/> 6-8 weeks (5) <input type="checkbox"/> 9-11 weeks (6) <input type="checkbox"/> 3-6 months (7) <input type="checkbox"/> 6-9 months (8) </p> <p> <input type="checkbox"/> 9-12 months (9) <input type="checkbox"/> over 1 year (10) </p>	
<p>4. Is your work heavy or monotonous? Circle the best alternative.</p> <p> 0 1 2 3 4 5 6 7 8 9 10 <i>Not at all</i> <i>Extremely</i> </p>	
<p>5. How would you rate the pain that you have had during the past week? Circle one.</p> <p> 0 1 2 3 4 5 6 7 8 9 10 <i>No pain</i> <i>Pain as bad as it could be</i> </p>	
<p>6. In the past three months, on average, how bad was your pain? Circle one.</p> <p> 0 1 2 3 4 5 6 7 8 9 10 <i>No pain</i> <i>Pain as bad as it could be</i> </p>	
<p>7. How often would you say that you have experienced pain episodes, on average, during the past three months? Circle one.</p> <p> 0 1 2 3 4 5 6 7 8 9 10 <i>Never</i> <i>Always</i> </p>	

<p>8. Based on all things you do to cope or deal with your pain, on an average day, how much are you able to decrease it? Circle the appropriate number.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Can't decrease it at all</i> <i>Can decrease it completely</i></p>	
<p>9. How tense or anxious have you felt in the past week? Circle one.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Absolutely calm and relaxed</i> <i>As tense and anxious as I've ever felt</i></p>	
<p>10. How much have you been bothered by feeling depressed in the past week? Circle one.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Not at all</i> <i>Extremely</i></p>	
<p>11. In your view, how large is the risk that your current pain may become persistent? Circle one.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>No risk</i> <i>Very large risk</i></p>	
<p>12. In your estimation, what are the chances that you will be able to work in six months? Circle one.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>No chance</i> <i>Very large chance</i></p>	10 - x
<p>13. If you take into consideration your work routines, management, salary, promotion possibilities and work mates, how satisfied are you with your job? Circle one.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Not satisfied at all</i> <i>Very large chance</i></p>	10 - x
<p>Here are some of the things that other people have told us about their pain. For each statement, circle one number from 0 to 10 to say how much physical activities, such as bending, lifting, walking or driving, would affect your pain.</p>	
<p>14. Physical activity makes my pain worse.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Completely disagree</i> <i>Completely agree</i></p>	
<p>15. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Completely disagree</i> <i>Completely agree</i></p>	

<p>16. I should not do my normal work with my present pain.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Completely disagree</i> <i>Completely agree</i></p>	
<p>Here is a list of five activities. Circle the one number that best describes your current ability to participate in each of these activities.</p>	
<p>17. I can do light work for an hour.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Can't do it because of pain problem</i> <i>Can do it without pain being a problem</i></p>	10 - x
<p>18. I can walk for an hour.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Can't do it because of pain problem</i> <i>Can do it without pain being a problem</i></p>	10 - x
<p>19. I can do ordinary household chores.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Can't do it because of pain problem</i> <i>Can do it without pain being a problem</i></p>	10 - x
<p>20. I can do the weekly shopping.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Can't do it because of pain problem</i> <i>Can do it without pain being a problem</i></p>	10 - x
<p>25. I can sleep at night.</p> <p>0 1 2 3 4 5 6 7 8 9 10</p> <p><i>Can't do it because of pain problem</i> <i>Can do it without pain being a problem</i></p>	10 - x

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
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

add columns: + + +

TOTAL: + + +

10. 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 get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.