

Patient Name: _____

DOB: _____

PERSONAL CARE PLAN FOR CHRONIC PAIN

1) Set Personal Goals

- Improve Functional Ability Score: _____ points by: Date _____
- Return to specific activities, tasks, hobbies, sports by: Date _____

2) Improved Sleep (Goal: _____ hours/night, Current: _____ hours/night)

- Follow basic sleep plan
Eliminate caffeine and naps, relaxation before bed, go to bed at target bedtime
- Take Nighttime medications

3) Increase Physical Activity

- Attend physical therapy (days/week _____)
- Complete daily stretching (_____ times/night, for _____ minutes)
- Complete aerobic exercise/endurance exercise

4) Manage Stress-List main Stressors _____

- Formal interventions (counseling or classes, support group or therapy group)

- Daily practice of relaxation techniques, meditation, yoga, creative activity, service activities, etc):

- Medications: _____

5) Decreased Pain (best pain level in past week: _____/10, worst pain level in past week: _____/10)

Non-medication treatments

Ice /heat: _____

Medications:

Physician:

Behavioral Health:

Patient

CC: Copy to Medical Records for scanning