

INJURY CLINIC

INDIVIDUAL PSYCHOTHERAPY SESSIONS

PATIENT: _____ **AGE:** _____
DOI: _____ **DOCTOR:** _____
EMPLOYER: _____ **EXPIRATION:** _____
MEDICATIONS
: _____

	Int	#1	#2
Pain			
Irritability			
Frustr/Anger			
Muscle Tense			
Anxiety			
Depression			
Sleep			
Forgetfulness			

	#3	#4
Pain		
Irritability		
Frustr/Anger		
Muscle Tense		
Anxiety		
Depression		
Sleep		
Forgetfulness		

	#5	#6
Pain		
Irritability		
Frustr/Anger		
Muscle Tense		
Anxiety		
Depression		
Sleep		
Forgetfulness		

BAI	Initial	Severity	RAS	Severity	Severity Scales
					0-7 = Normal 8-15 = Mild 16-25 = Moderate 26+ = Severe

BDI-II					0-13 = Minimal 14-19 = Mild 20-28 = Moderate 29+ = Severe
FABQ					Physical Activity: 2,3,4,5 > 13 Work: 6,7,9,10,11,12,15 > 29
Relaxation	Date		Reaction/Home Use		
<input type="checkbox"/> Educate about sleep hygiene					
<input type="checkbox"/> Progressive muscle relaxation					
<input type="checkbox"/> Guided imagery					
<input type="checkbox"/> Abdominal breathing					
<input type="checkbox"/> Self hypnosis					

CBT Approaches	Date	Reaction/Home Use
<input type="checkbox"/> Homework assignments		
<input type="checkbox"/> Stress-Pain-Appraisal connection		
<input type="checkbox"/> Identifying automatic thoughts		
<input type="checkbox"/> Evaluating automatic thoughts		
<input type="checkbox"/> Challenging AT & alternates		
<input type="checkbox"/> Core beliefs & pain beliefs		
<input type="checkbox"/> Coping self-statements		
<input type="checkbox"/> Pain journal/writing		
<input type="checkbox"/> Problem solving/assertiveness		
<input type="checkbox"/> Fear avoidance education		
<input type="checkbox"/> Identify anxiety triggers		
<input type="checkbox"/> Develop plan for anxiety triggers		
<input type="checkbox"/> Difference betwn anxiety & injury		

Coping Strategies	Date		Date
<input type="checkbox"/> Distancing		<input type="checkbox"/> Distraction	
<input type="checkbox"/> Appropriate Pacing		<input type="checkbox"/> Ignoring	
<input type="checkbox"/> Praying		<input type="checkbox"/> Positive self-talk	

Resources	Date	Reaction/Use		Date	Reaction/Use
<input type="checkbox"/> Easing Pain			<input type="checkbox"/> Resource Referrals		
<input type="checkbox"/> Relaxation Training			<input type="checkbox"/> DARS Referral		
<input type="checkbox"/> Healthful Sleep			<input type="checkbox"/> Counseling Referral		
<input type="checkbox"/> Depression Managed					
<input type="checkbox"/> Anger/Forgiveness					
<input type="checkbox"/> Peaceful Perspective					

Vocational
<input type="checkbox"/> Resume
<input type="checkbox"/> Applications
<input type="checkbox"/> Interviews
<input type="checkbox"/> Retraining
Plan:

Lifestyle Alterations	Initial	Current	Lifestyle Alterations	Progress
Sit			RTW/retraining	
Stand			Increase psychotropic	
Walk			Social activities	
Drive			Reduce narcotics	

PATIENT: _____

Lift			Communication w/ doctor	
Home exercise				
ADLs				
Hours of sleep				