

Complete this form to refer a client to the ACC Pain Management service. When you've finished, send the completed form and any relevant records and reports to info@nzpain.co.nz

1. Client details	
Client name:	ACC claim number:
Date of birth:	Phone number:
2. Referrer details	
Referrer name:	Profession:
Phone number:	Email address:
3. ACC contact details (if known)	
ACC contact person:	ACC branch:
4. Why I'm making this referral	
Please let us know why you're making this referral for the Pain Management service.	
5. Injury details	
Injury description:	Date of injury:
How did this injury happen (mechanism of injury)?	
6. Additional comments (if required)	

When we collect, use and store information, we comply with the Privacy Act 1993 and the Health Information Privacy Code 1994. For further details see ACC's privacy policy, available at www.acc.co.nz. We use the information collected on this form to fulfil the requirements of the Accident Compensation Act 2001.

Please fill this form and email to info@nzpain.co.nz

Örebro Musculoskeletal Pain Screening Questionnaire (Short)

Name: _____

Date of Birth: _____

Are you: ☐ Male

☐ Female

1. How long have you had your current pain problem? Tick (✓) one.

☐ 0-1 weeks [1] ☐ 1-2 weeks [2] ☐ 3-4 weeks [3] ☐ 4-5 weeks [4] ☐ 6-8 weeks [5]
☐ 9-11 weeks [6] ☐ 3-6 months [7] ☐ 6-9 months [8] ☐ 9-12 months [9] ☐ over 1 year [10]

☐

2. How would you rate the pain that you have had during the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10
No pain *Pain as bad as it could be*

☐

Please circle the one number which best describes your current ability to participate in each of these activities.

3. I can do light work for an hour.

0 1 2 3 4 5 6 7 8 9 10
Can't do it because of the pain problem *Can do it without pain being a problem*

10-x
☐

4. I can sleep at night.

0 1 2 3 4 5 6 7 8 9 10
Can't do it because of the pain problem *Can do it without pain being a problem*

10-x
☐

5. How tense or anxious have you felt in the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10
Absolutely calm and relaxed *As tense and anxious as I've ever felt*

☐

6. How much have you been bothered by feeling depressed in the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10
Not at all *Extremely*

☐

7. In your view, how large is the risk that your current pain may become persistent?

0 1 2 3 4 5 6 7 8 9 10
No risk *Very large risk*

☐

8. In your estimation, what are the chances you will be working your normal duties in 3 months

0 1 2 3 4 5 6 7 8 9 10
No chance *Very Large Chance*

10-x
☐

Here are some of the things which other people have told us about their pain. For each statement please circle one number from 0-10 to say how much physical activities, such as bending, lifting, walking, or driving affect your pain.

9. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.

0 1 2 3 4 5 6 7 8 9 10
Completely disagree *Completely agree*

☐

10. I should not do my normal work with my present pain.

0 1 2 3 4 5 6 7 8 9 10
Completely disagree *Completely agree*

☐

SUM:

☐