**Treatment Goals and Standardised Measures**

Patient Name: Claim Number:

Problem:

Goals: (eg. Pain relief, increased function, return to work) (SMART goals preferred)

Time frame for goal achievement:

Planned intervention: Date/s: Name of treater:

**Standardised Measures to be used:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Date (Baseline)** | **Date** | **Date** | **Date** |
| **Pain** eg. Numerical Rating Scale |  |  |  |  |
|  |  |  |  |  |
| **Pain** eg. Medication use |  |  |  |  |
|  |  |  |  |  |
| **Function** eg. Six minute walk test |  |  |  |  |
|  |  |  |  |  |
| **Mental health** eg. DASS |  |  |  |  |
|  |  |  |  |  |
| **Barrier identification** eg. OREBRO |  |  |  |  |
|  |  |  |  |  |
| **Other** eg. physical measures, range of movement, strength etc |  |  |  |  |
|  |  |  |  |  |
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