



PAIN MANAGEMENT SUPPLEMENT

1. Certification:

Anesthesia Yes No

Pain Management Yes No

Other _____

2. Fellowship in pain management _____ Date _____

If no formal fellowship, please list any other applicable training, including all CME credits in pain management in the past 3 years. _____

3. What percentage of your pain management practice is:

Terminal _____ Non-terminal _____ Both _____

4. Are you ACLS certified? Yes No

If not, is someone in the immediate area of your procedures ACLS certified? Yes No

5. List all facilities in which you do pain management procedures:

Of those facilities that are not JCAHO accredited, please define how privileges are granted and how these records are maintained.

6. Do you require patients to whom you prescribe controlled substances for chronic pain to sign an agreement or contract stipulating indications and risk for these medications and consequences of violating the agreement? Yes No

7. If you do any investigative or experimental procedures, please provide the name and address of the responsible granting or oversight committee:

8. Are you in a group? Yes No
Group name: _____

Do you practice only with other pain management physicians? Yes No

With what other specialties do you practice? _____

9. Does your group have a credentialing process for the practice of pain management? Yes No

10. What percentage of your practice is pain management? _____%

11. Do you require your pain management patients to have an attending or primary care physician? Yes No

12. Does your pain management practice have a Ph.D. Clinical Psychologist associated with it, and what percentage of patients are referred to him/her? Yes No
Percentage: _____%

13. When prescribing opioids for non-malignant pain, do you require an evaluation by a Psychiatrist or a Ph.D. Clinical Psychologist? Yes No

14. What procedures and or modalities do you use in your practice? (Circle all that apply, list others)

Level I

Corticosteroid injections
Neural blockades
Trigger point injections
How many?(12 mo.) _____
Adjuvant analgesics
Epidurals
How many?(12 mo.) _____

Level II

Neuroablative techniques
Neurostimulation therapy
Opioid Therapy

Level III

Spinal Epiduroscopy/Myeloscropy
Implanted devices-please list

Others (please list): _____

15. What ancillary therapies are used in your pain management practice? (Circle all that apply)

Physical therapy Occupational therapy Psychological therapy Acupuncture

16. Do you perform Epidural Steroid Injections (ESI)? Yes No

17. Do you perform Discography? Yes No

18. Please specify any procedures not listed above for which you wish to be insured:

Physician's Signature

Date