



P.O. Box 221109 • Louisville, KY 40252
1531 Ormsby Station Court • Louisville, KY 40223
Telephone: (866) 749-2273 or (502) 895-6404
Fax: (866) 797-2273 or (502) 895-6406

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  
Adjuvant analgesics

Level II

Neuroablative techniques  
Neurostimulation therapy  
Opioid Therapy

Level III

Spinal Epiduroscopy/Myeloscopy  
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

It is important that you keep us informed of any changes in your practice so that we can provide you with adequate coverage.