



1. Practitioner name: _____

2. Name of facility where you practice: _____

Address: _____

City: _____ Zip: _____ Telephone _____

3. Do you practice in the field of pain management? Yes No

If yes, are you board certified in Pain Management by the American Board of Anesthesia?

Yes No

Are you board certified by the American Academy of Pain Management? Yes No

4. Have you completed a residency or fellowship in pain management? Yes No

If so, where did you obtain your training? _____

5. What percentage of your practice is devoted to Pain Management? _____

6. Please list **all** procedures and medications you use for pain management:

7. What types of narcotics do you prescribe for relief of pain? _____

8. Please indicate the type of monitoring you utilize during the administration of sedation, spinal, caudal, epidural, major nerve blocks or general anesthesia:

Continuous electrocardiograph display

Continual blood pressure monitoring either by use of an intra-arterial and electronic monitor or by use of a standard blood pressure cuff with period checks at regular intervals

Use of precordial, esophageal or peritracheal stethoscope

Continuous peripheral blood flow monitoring (pulse monitor)

Pulse oximeter

End tidal CO₂ monitor

Other: _____

9. Do you implant pumps or stimulators for pain management? Yes No

If yes, what types of pumps and stimulators do you use? _____

What percentage of your practice does this represent? _____

Where did you obtain your training? (Please attach a copy of the training certificate) _____

Signature

Date

Washington State law requires us to inform you of the following: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.