

Pain Management / Procedures Questionnaire

Named Insured:

Policy No.:

Do you treat patients for chronic or intractable pain (pain that is not relieved by usual measures of treatment and that lasts 3 months or longer)? No Yes

If yes, please send us a copy of the pain management agreement you ask patient to sign

Please tell us more about your pain management practice:

Medication management No Yes _____% of practice

Interventional pain management No Yes _____% of practice

Other _____ No Yes _____% of practice

1. During your history & physical examination do you:

- A. Conduct a pain assessment? No Yes
- B. Conduct a physical exam? No Yes
- C. Conduct a psychological functional assessment? No Yes
- D. Do you take a substance abuse history? No Yes
- E. Review past treatment modalities? No Yes
- F. Discuss other conditions unrelated to pain? No Yes

2. Which of the following do you use as clinical markers of effectiveness?

- A. Decreased pain scale? No Yes
- B. Improved physical evaluation? No Yes
- C. Improved psychological evaluation? No Yes
- D. Increased/improved activities of daily living? No Yes
- E. Improved range of motion? No Yes
- F. Improved quality of life? No Yes
- G. Decreased pain scale indicators? No Yes
- H. Reported improved job performance? No Yes
- I. Other _____

3. As part of your informed consent process do you?

- A. Discuss the risks, benefits and alternatives of the recommended modality? No Yes
- B. Allow patients to ask questions? No Yes
- C. Document the discussion in the medical record? No Yes
- D. Document patient understanding of the discussion? No Yes
- E. Discuss the treatment goals with the patient? No Yes
- F. Have patient sign a consent form? No Yes

4. Describe your pain management patient education efforts?

- A. Discuss condition / medication with patient? No Yes
- B. Give patients written information to supplement oral discussions? No Yes
- C. Document in medical record when written information is dispensed? No Yes
- D. Provide online pain management resources? No Yes

5. **At what point do you refer patients who show slow or unimproved pain relief?**
6. **Do you supervise any PAs or NPs who prescribe pain medication?**
 How do you monitor their care?
 Describe your medication protocol used with allied health professionals
7. **How often do you review or revise your treatment plan?**
8. **Do you work in conjunction with other clinicians to reduce reported pain?**
- | | | |
|---------------------------|-----------------------------|------------------------------|
| A. Clinical psychologist | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| B. Physiatrist | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| C. Physiotherapist | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| D. Occupational therapist | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| E. Orthopedist | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| F. Neurologist | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
9. **How do you document pain medication in patients' charts?**
- | | | |
|--|-----------------------------|------------------------------|
| A. Using a medication control record? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| B. All medication information filed is in a consistent location? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| C. File a copy of the prescription in the chart | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| D. Use e-prescribing | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
10. **What procedures do you have in place to prevent pain medication addiction?**

AGREE. By checking the box to the left and the submission of this application to MIEC via E-mail or other electronic means, you acknowledge your agreement and acceptance of the preceding statements and commitment to the terms of the application as fully and with the same effect as if you had signed your signature with the intention to be legally bound as of the date this application is submitted to MIEC. ¹

¹This complies with Electronic Signature Laws.

Date _____

Provide additional information on a separate page if necessary