

**INDEPENDENT NEVADA DOCTORS INSURANCE EXCHANGE
Physicians & Surgeons Professional Liability Application
PAIN MANAGEMENT ADDENDUM**

ATTACH TO APPLICATION

1. What is your current medical specialty? _____
2. Describe your training related to the sub-specialty of pain management:
3. What percentage of your practice is devoted to pain management? _____%
4. Describe your criteria for accepting new patients:

Yes No Do you accept walk-ins?
Yes No Do you require a referral from a current treating physician?
5. Describe diagnostic tools you employ to centralize the source of pain and measure the severity of pain:
6. Do you perform any of these procedures?
Yes No Trigger Point Injections
Yes No Epidural injections
Yes No Sympathetic Nerve Blocks
Yes No Sacroiliac Joint Injections
Yes No Facet Joint Injections
Yes No MYBLOC/BOTOX Injections
Yes No Celiac Hypogastric Plexus Injections
Yes No Discograms
Yes No Radio Frequency Thermo Coagulation
7. Does your practice include the use and management of Implantable Pain Control Devices?
Yes No Spinal Infusion Pumps
Yes No Spinal Cord Stimulators
Yes No Other – Describe: _____
8. Do you perform IntraDiscal Electro Thermal Therapy (IDET)? Yes No
9. Do you prescribe narcotics as a treatment for chronic pain? Yes No
10. Do you have protocols in place for the use of narcotics? Yes No If yes, please provide a copy. If no, please explain.
11. Do you utilize an informed consent and/or patient contract outlining the risk of addiction and other complications with the use of narcotics? Yes No If yes, please provide a copy. If no, please explain.

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12. Describe how you monitor and treat depression in patients with chronic pain throughout your course of treatment.

13. Do you advertise in any form of media including the internet? Yes No If yes, please list and provide copies:

I hereby warrant that the information contained in this application is accurate and complete to the best of my knowledge. I understand that this application shall be considered a part of the terms and conditions of my insurance policy with the Independent Nevada Doctors Insurance Exchange if a policy is issued.

Signature of Applicant

Date of Signature