



## **REQUIREMENT 6**

### **Adherence to Ethical and Professional Standards**

Applicant's Name \_\_\_\_\_

### **REFEREE INSTRUCTIONS**

**\*Note for electronic use:** Before filling out this form, please be sure to disable the "Auto Complete" feature in Adobe. Select "Preferences," under menu item "Edit." Click on "Forms" on the left side of the Preferences box. Select "Off" for "Auto Complete."

Dear Physician:

The physician listed above has chosen you to provide a referral in support of his/her certification by the American Board of Pain Medicine. Please carefully fill out the items contained in this form.

#### **Definition of Pain Medicine**

*The specialty of Pain Medicine, or Algiatry, is a discipline within the field of medicine that is concerned with the prevention of pain, and the evaluation, treatment, and rehabilitation of persons in pain. Some conditions may have pain and associated symptoms arising from a discrete cause, such as postoperative pain or pain associated with a malignancy, or may be conditions in which pain constitutes the primary problem, such as neuropathic pains or headaches.*

*Pain Medicine specialists use a broad-based approach to treat all pain disorders, ranging from pain as a symptom of disease to pain as the primary disease. The pain physician serves as a consultant to other physicians but is often the principal treating physician (as distinguished from the primary care physician) and may provide care at various levels, such as treating the patient directly, prescribing medication, prescribing rehabilitative services, performing pain-relieving procedures, counseling patients and families, directing a multidisciplinary team, coordinating care with other health care professionals and providing consultative services to public and private agencies pursuant to optimal health care delivery to the patient suffering with pain. The objective of the pain physician is to provide quality care to the patient suffering with pain. The pain physician may work in a variety of settings and is competent to treat the entire range of pain encountered in delivery of quality health care.*

*Pain Medicine specialists typically formulate comprehensive treatment plans, which consider the patients' cultural contexts, as well as the special needs of the pediatric and geriatric populations. Evaluation techniques include interpretation of historical data; review of previous laboratory, imaging, and electrodiagnostic studies; assessment of behavioral, social, occupational, and avocational issues; and interview and examination of the patient by the pain specialist.*

**Does the applicant's practice fulfill this definition of Pain Medicine?**

**Yes      No      Cannot Assess**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_

a. How long have you known the applicant? From \_\_\_\_\_ to \_\_\_\_\_

b. In what settings have you observed the applicant's clinical practice of Pain Medicine, as defined above? (office, hospital, residency, etc.) \_\_\_\_\_

How frequently? Daily Weekly Monthly Infrequently

c. To the best of your knowledge, has this practitioner ever been subject to any disciplinary action such as admonition, reprimand, suspension, restriction or denial of privileges, or termination?

Yes No Cannot Assess

d. To the best of your knowledge, does the practitioner suffer from any physical, mental, substance use or emotional problems that affect his/her ability to perform in a professional capacity?

Yes No Cannot Assess

If the answer to c. or d. is *yes*, please provide detailed information below.

\_\_\_\_\_  
\_\_\_\_\_

**PERFORMANCE EVALUATION**

	Unsatisfactory	Satisfactory	Cannot Assess
Clinical Knowledge of Pain Medicine			
Clinical Judgment			
Technical Proficiency			
Professional Relations with Patients			
Ethical Conduct			
Sense of Professional Responsibility			
Timely and Complete Recordkeeping			

**Please provide specific comments and recommendations below.** Please be as specific as possible, including reports of critical incidents and/or outstanding performance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
Name (Please Type or Print Legibly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title/Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address