

Timely and complete recordkeeping

REQUIREMENT 6 Adherence to Ethical and Professional Standards: Referee Checklist

REFEREE INSTRUCTIONS

Dear F	Physician-Referee:				
The A	pplicant,	, has chosen you to provide			
carefu	rral in support of his/her application for a ully complete this form. This form must be be filled out in order for this form to be c	certification by the Amo ne completed personall	erican Board of	Pain Medicine. Please	
I. YO	OUR KNOWLEDGE OF APPLICANT AND T	HEIR PRACTICE			
a.	. How long have you known the applicant?				
b.	. Describe the CURRENT circumstances that provide your knowledge of the applicant's clinical practice of pain medicine.				
C.	In what settings do you have <i>direct</i> knowledge of the applicant's practice in the field of Pain Medicir (Check all that apply)				
	☐ Post-Graduate Education Setting☐ Partners in Current Shared Practice☐ Past Shared Practice	☐ Refer Pation	ents to Applica	nt for Pain Consults nt for Ongoing Pain Care	
d.	To the best of your knowledge, has this practitioner ever been subject to any disciplinary action from a public or private entity, such as denial, suspension, revocation, restriction, or limitation of privileges, or termination? Yes No				
e.	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 If the answer to "d" or "e" is yes, please provide detailed information below, or on a separate sheet of paper.				
II.	PERFORMANCE EVALUATION				
		Unsatisfactory	Satisfactory	Cannot Assess	
-	cal knowledge of pain medicine				
Clinical judgment					
Technical proficiency					
Professional relations with patients					
Ethical conduct					
Sense of professional responsibility					

It is MANDATORY that you provide specific comments and recommendations below. Please be as specific as possible, including reports of critical incidents and/or outstanding performance. The information must be relevant to the practice of Pain Medicine (Algiatry), as defined below. This form must be completed by you, the physician-referee, in your own unique words.				
III. DEFINITION OF PAIN MEDICINE				
with the prevention of pain, and the evaluate conditions may have pain and associated sy postoperative pain or pain associated with a constitutes the primary problem, such as new Pain Medicine specialists use a broad-based a symptom of disease to pain as the primary other physicians but is often the principal traphysician) and may provide care at various medication, prescribing rehabilitative service patients and families, directing a multidiscip professionals and providing consultative service health care delivery to the patient suffering quality care to the patient suffering with pairs competent to treat the entire range of patients' cultural contexts, as well as the specialistic include interpretation.	d approach to treat all pain disorders, ranging from pain as by disease. The pain physician serves as a consultant to reating physician (as distinguished from the primary care levels, such as treating the patient directly, prescribing ces, performing pain-relieving procedures, counseling plinary team, coordinating care with other health care rvices to public and private agencies pursuant to optimal with pain. The objective of the pain physician is to provide ain. The pain physician may work in a variety of settings and ain encountered in delivery of quality health care. The comprehensive treatment plans, which consider the decial needs of the pediatric and geriatric populations. In of historical data; review of previous laboratory, imaging, of behavioral, social, occupational, and avocational issues;			
SIGNATURE				
Name (Please Type or Print Legibly)	Signature			
Title/Institution	Date			
Address				

Phone Number

^{**}This form should be returned by the referring physician to the applicant to upload to the application portal**