



Pre-Scheduling Checklist for Spinal Cord and Peripheral Nerve Neurostimulator Insertion Procedures for Pain

Instructions: Each item must be checked before scheduling the neurostimulator insertion procedure

Spinal Cord Neurostimulators and Peripheral Nerve Neurostimulators for Pain

Office Clinic / Pain Management/ Psychological Evaluation Note Documentation: (Check if Present)	
<input type="checkbox"/>	Demonstration of pain relief with a temporarily implanted electrode preceding permanent implantation
<input type="checkbox"/>	Other treatment modalities (pharmacological, surgical, physical therapy, or psychological therapy) that were tried and were not satisfactory
<input type="checkbox"/>	Careful screening, evaluation and diagnosis of the patient by a multidisciplinary team including a physical exam, pain management, and psychological evaluation
<input type="checkbox"/>	Psychological Evaluation documenting the patient's suitability for the neurostimulator procedure
<input type="checkbox"/>	The implantation of the stimulator is used only as a last resort for patients with chronic intractable pain

Name _____ Date _____ Time _____
(Signature of person completing checklist)



PT.
MR.#/RM.
DR.