HALLMARK Pro
PROFESSIONAL LIABILITY
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Pain Management Questionnaire

Physicians & Surgeons Medical Professional Liability Insurance Claims Made & Reported Coverage

Answer all questions that apply or state "not applicable" to those that do not apply. Sign and date by Applicant.

Applicant's Name:

Does your current practice include the following?

Blocks ☐ Yes ☐ No

If Yes, list the types of blocks performed:

Botox Injections ☐ Yes ☐ No

Joint Injections ☐ Yes ☐ No

Any surgeries, injections, implants or other procedures involving the spinal column or spinal cord ☐ Yes ☐ No

If Yes, list all spinal procedures performed:

What percentage of your practice is devoted to Pain Management? %

Please describe accredited training for procedures listed on this questionnaire:

Please indicate the number of controlled substance prescriptions per year:

Please describe your procedures for detecting and preventing drug seeking behavior (attach additional pages if necessary)

If patients receiving pain medication are required to sign a contract, please attach a sample copy.

I understand the information submitted herein is considered legally material to underwriting evaluation and pricing, and that it becomes part of my application and as such is subject to the same warranty and conditions.

Signature: _____ Date:

Name of Applicant: (Please Print)