

Kemper & Associates Neuropsychological Services

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www.KemperNeuropsychServices.com

This questionnaire is to be completed by all clients requesting a psychological evaluation for a Pain Management Procedure.

Name _____ Age _____ Date of Birth _____

How long have you been experiencing chronic pain? _____

How long have you wanted the Pain Management Procedure? _____

Which procedure are you considering:

Spinal Cord Stimulator _____ Spinal Cord Stimulator Trial _____ Other _____

Describe what you have already attempted in an effort to manage your pain:

Describe how your pain has affected your health and personal relationships:

What have you done to educate yourself about the procedure:

What is your understanding of maintenance after the procedure:

Name of surgeon needing psychological evaluation: _____

Address/City/Zip _____

Phone Number: _____ Fax: _____

Date your surgeon needs the evaluation by: _____

Do we have your permission to call you in the future to ask about your lifestyle adjustment and pain relief:

_____ Yes, you have my permission to contact me at _____ (phone #)

_____ No, please do not call me in the future about my progress.

Do we have your permission to call you in the future to ask if you would like your information included in research and possibly participate in future research projects conducted at KANS?

_____ Yes, you have my permission to contact me at _____ (phone #)

_____ No, please do not use my information in research or contact me about potential research projects I may participate in.

Authorization to Release Evaluation to your surgeon:

I, _____, authorize Dr. Kemper to release a complete psychological evaluation, including testing results and interpretation to Dr. _____

I understand that the psychological evaluation will be used by my surgeon as part of a process to determine my fitness to undergo a pain management procedure. I also understand that this consent is valid unless revoked by me, in writing, at any time, except to the extent that any action has been taken in reliance thereon.

Signature of client

date

Signature of witness

date