

**ALABAMA BOARD OF NURSING
P. O. BOX 303900
MONTGOMERY, ALABAMA 36130-3900
PAIN MANAGEMENT REPORT**

Name of Licensee	License #	Case #
Select Compliance Monitor		
<input type="checkbox"/> VDAP Telephone: 334-293-5228 Fax: 334-293-5201 E-mail: abn@abn.alabama.gov	<input type="checkbox"/> Probation Telephone: 334-293-5229 Fax: 334-293-5201 E-mail: abn@abn.alabama.gov	

Dates in Quarter	Date Report Due		Dates in Quarter	Date Report Due
January 1 – March 31	April 10		April 1 – June 30	July 10
July 1 – September 30	October 10		October 10 - December 31	January 10

Instructions: The licensee named above is monitored by the Board of Nursing for compliance with his/her treatment regimen for acute and/or chronic pain management. Complete this form by the required due dates and return to the address listed above. As part of the requirements for monitoring, the nurse is required to have the primary pain management specialist of record submit reports to the Board detailing progress in treatment and compliance with the treatment plan. The nurse must provide appropriate release of information forms allowing you to supply the Board with treatment records and requested reports.

Reporting Period Covered by this Report:	
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1. **Diagnoses:** _____
CURRENT MEDICATIONS:

Is this client compliant with the medication regimen? YES NO If "NO", please elaborate:

2. **TREATMENT RECOMMENDATIONS (exercise, physical therapy, etc.):**

Is this client compliant with all aspects of the treatment recommendations? YES NO If "NO", please elaborate:

3. **For this reporting period, note the following:**

Number of Appointments Scheduled	Number of Appointments Kept	Number of Excused Absences	Number of Unexcused Absences	Number of Phone Contacts

Physician's Name (please print): _____ **Phone:** () -

Address of Practice: _____

Signature of Physician: _____ **Date:** / /