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## PAIN MANAGEMENT CLINIC DATA REPORTING FORM

Sections 458.3265 and 459.0137, Florida Statutes require the Designated Physician for each pain management clinic to report to the Board of Medicine various data requirements on a quarterly basis. Your responses will be instrumental in addressing pain management issues in Florida. Your time and efforts in completing this data reporting is appreciated. Please print or type.

**Pain Management Clinic Name:** \_\_\_\_\_

**Pain Management Clinic Address:** \_\_\_\_\_

**Pain Management Clinic Registration Number:** \_\_\_\_\_

**Designated Physician Name:** \_\_\_\_\_

**Designated Physician License Number:** \_\_\_\_\_

**Reporting Period:** Please select the appropriate reporting period for year: \_\_\_\_\_.

- January 1 – March 31
- April 1 – June 30
- July 1 – September 30
- October 1 – December 31

1. Input the number of new patients seen and treated at the clinic who are prescribed or dispensed controlled substance medications for treatment of chronic non-malignant pain.  
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2. Input the number of repeat patients seen and treated at the clinic who are prescribed or dispensed controlled substance medications for treatment of chronic non-malignant pain.  
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3. Input the number of patients discharged due to drug abuse.  
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4. Input the number of patients discharged due to drug diversion.  
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5. Input the number of patients treated at the pain clinic whose domicile is located somewhere other than in Florida. A patient's domicile is the patient's fixed or permanent home to which he intends to return even though he may temporarily reside elsewhere.  
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**Signature of Designated Physician:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**4052 Bald Cypress Way, Bin #C03, Tallahassee, FL 32399-3253**