## BAROLAT NEUROSCIENCE

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Re:	
Dear Doctor:	
_	patient is being considered for implantation of one of the following devices: a Spinal Stimulator or a Peripheral Nerve Stimulator.
Please evaluate this patient for each of the following:	
1.	<ul> <li>Psychological disorders, both past and current, including the following:</li> <li>Major psychopathology</li> <li>Severe depression that would interfere with the ability to translate pain relief into increased function</li> <li>Personality Disorders</li> <li>Somatoform Pain Disorders</li> <li>Substance Abuse</li> <li>Anxiety Disorder</li> <li>Malingering</li> </ul>
2.	Any indications of secondary gain
3.	The patient's coping resources and abilities • Social / Family Support
4.	<ul> <li>The patients understanding of the proposed procedure, including the following:</li> <li>Are his/her expectations for pain realistic?</li> <li>Accepted percentage of reduction of pain?</li> <li>Is he/she aware of alternatives to this treatment?</li> </ul>
5.	Whether psychological disorders, other psychological factors, coping limitations, or other issues could interfere with the patient's ability to fully benefit from the device and translate pain relief into increased function.
•	have any concerns relating to the implantation of this device, please provide mendations for ameliorating these concerns.
Thank you and I look forward to your complete report.	