BAROLAT NEUROSCIENCE

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Re:	
Dear Doctor:	
	atient 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.	Psychological disorders, both past and current, including the following: • Major psychopathology • Severe depression that would interfere with the ability to translate pain relief into increased function • Personality Disorders • Somatoform Pain Disorders • Substance Abuse • Anxiety Disorder • Malingering
2.	Any indications of secondary gain
3.	The patient's coping resources and abilities • Social / Family Support
4.	 The patients understanding of the proposed procedure, including the following: Are his/her expectations for pain realistic? Accepted percentage of reduction of pain? Is he/she aware of alternatives to this treatment?
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.	