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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 30
- April 1 – June 30
- July 1 – September 31
- 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**