


CAST Accredited Fellowship Annual Case Report Form: Stereotactic/Functional

 Please complete this form when submitting a CAST {{ submission.var__677341__iOE37GorEf }} Fellowship Program annual report. The report should include each institutional case for each participating site for the most recently completed academic year (July 1 - June 30). Each operative experience should generate one case in one category (do not sort or classify using CPT codes). Include all cases done within the training program, even though some might not have had resident/fellow participation.

Case/Procedure Type

	Site #1	Site #2	Site #3
Deep brain stimulation (any indication), (min. 20)	_____	_____	_____
	—	—	—
Pulse generator replacement (min. 20)	_____	_____	_____
	—	—	—
Vagus nerve stimulation (min. 10)	_____	_____	_____
	—	—	—
Spinal cord stimulation (min. 5)	_____	_____	_____
	—	—	—
Epilepsy (craniotomy for monitoring/ investigation) (min. 10)	_____	_____	_____
	—	—	—
Epilepsy (craniotomy for treatment) (min. 10)	_____	_____	_____
	—	—	—
Tigeminal neuralgia surgery (min. 5)	_____	_____	_____
	—	—	—
	_____	_____	_____
	—	—	—
	Site # 4	Site #5	
Deep brain stimulation (any indication), (min. 20)	_____	_____	
Pulse generator replacement (min. 20)	_____	_____	
Vagus nerve stimulation (min. 10)	_____	_____	
Spinal cord stimulation (min. 5)	_____	_____	
Epilepsy (craniotomy for monitoring/ investigation) (min. 10)	_____	_____	
Epilepsy (craniotomy for treatment) (min. 10)	_____	_____	
Tigeminal neuralgia surgery (min. 5)	_____	_____	
	_____	_____	