Pain Management Consultation Summary

Date: [Insert Date]

Patient Name: [Patient Name]

Patient ID: [Patient ID]

Referral Source

[Referring Physician's Name]

Reason for Consultation

[Brief description of the reason for the consultation]

History of Present Illness

[Detailed description of the patient's pain history]

Examination Findings

[Summary of relevant physical examination findings]

Assessment

[Assessment of the patient's condition]

Plan

[Outline of the management plan including medications, therapies, and follow-up]

Follow-up

[Recommendations for follow-up care]

Physician's Signature

[Physician's Name, Title]