

# Chronic Pain Assessment for Mental Health Integration

Date: [Insert Date]

To: [Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. As part of our integrated approach to managing chronic pain and its impact on mental health, I am writing to formally assess your current condition.

## Patient Information

Name: [Patient's Name]  
Date of Birth: [Patient's DOB]  
Contact: [Patient's Contact Information]

## Assessment Overview

The purpose of this assessment is to evaluate the relationship between chronic pain and your mental health status. Your input is vital for developing a comprehensive treatment plan.

## Areas of Assessment

1. Level of Chronic Pain
  - o Intensity: [Scale 1-10]
  - o Location: [Specify Areas]
  - o Duration: [Specify Duration]
2. Impact on Daily Life
  - o Emotional Well-being: [Describe Feelings]
  - o Social Interactions: [Describe Impact]
  - o Work/School Performance: [Describe Impact]
3. Previous Treatments and Outcomes
  - o Medications: [List Medications]
  - o Therapies: [List Therapies]
  - o Other Interventions: [List Interventions]

## Next Steps

Please complete the attached questionnaire to facilitate a more accurate assessment at our next appointment scheduled for [Insert Date]. Your insights will play an essential role in creating a tailored treatment plan.

Thank you for your cooperation. If you have any questions or require further assistance, please do not hesitate to contact my office.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Organization]