

Chronic Pain Assessment Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Insert Patient Name],

Welcome to our practice. As part of our commitment to providing you with the best possible care, we ask that you complete a chronic pain assessment prior to your first appointment.

Assessment Details

Please provide the following information:

- **Type of Pain:** [Describe area and nature of pain]
- **Duration:** [How long have you experienced this pain?]
- **Intensity:** [Rate your pain from 1-10]
- **Triggers:** [What increases or decreases your pain?]
- **Previous Treatments:** [List any past treatments or medications]

Once you have completed this assessment, please bring it with you to your first appointment.

We look forward to working with you towards managing your pain effectively.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]