

Chronic Pain Assessment for Occupational Rehabilitation

Date: [Insert Date]

To: [Recipient Name]
[Recipient's Job Title]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient Name],

Re: Chronic Pain Assessment for [Patient's Name]

We are writing to provide an assessment of [Patient's Name], who has been experiencing chronic pain affecting their ability to perform occupational duties. The purpose of this assessment is to outline the nature and extent of their condition and to provide recommendations for occupational rehabilitation.

Patient Background

[Insert brief background on the patient, including medical history, duration of pain, and any previous treatments or interventions.]

Assessment Findings

During the assessment, the following findings were noted:

- **Type of Pain:** [e.g., neuropathic, nociceptive]
- **Intensity:** [e.g., mild, moderate, severe]
- **Location:** [e.g., lower back, neck]
- **Impact on Daily Functioning:** [Describe limitations in work or daily activities]

Recommendations

Based on the findings, we recommend the following steps for rehabilitation:

1. [Recommendation 1]
2. [Recommendation 2]
3. [Recommendation 3]

We believe that with the appropriate support and intervention, [Patient's Name] can significantly improve their ability to function in the workplace. Feel free to contact us should you require further information or collaboration in the rehabilitation process.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Job Title]

[Your Organization]

[Your Contact Information]