

# Chronic Pain Evaluation for Disability Claim

Date: [Insert Date]

To Whom It May Concern,

I am writing this letter to provide an evaluation of [Patient's Name], who has been under my care since [Start Date of Treatment]. This letter aims to outline the impact of [Patient's Name]'s chronic pain on his/her daily functioning and capacity to work.

## Patient Overview

[Patient's Name] is a [Age]-year-old [Gender] diagnosed with [Diagnosis]. The condition has resulted in persistent and debilitating pain primarily located in [Specify Areas].

## Symptom Assessment

Upon evaluation, [Patient's Name] reports the following symptoms:

- Intensity of pain: [Scale 1-10]
- Duration: [Hours/Days/Constant]
- Frequency of flare-ups: [Daily/Weekly/Monthly]

## Impact on Daily Functioning

The chronic pain significantly affects [Patient's Name]'s ability to perform daily activities, including:

1. Self-care activities
2. Household responsibilities
3. Employment-related tasks

## Treatment History

[Patient's Name] has undergone the following treatments:

- Physical Therapy: [Duration and Frequency]
- Medication: [List Medications and Dosages]
- Other Interventions: [Specify, if any]

## Conclusion

In conclusion, [Patient's Name]'s chronic pain severely limits his/her ability to engage in substantial gainful activity. It is my professional opinion that [he/she] qualifies for disability benefits due to the debilitating nature of [his/her] condition.

Thank you for considering this evaluation in regard to [Patient's Name]'s disability claim.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]