

Multidisciplinary Chronic Pain Evaluation

Date: [Insert Date]

To: [Patient's Name]

From: [Provider's Name / Clinic Name]

Subject: Chronic Pain Evaluation Results

Dear [Patient's Name],

We appreciate your participation in the multidisciplinary evaluation for your chronic pain condition. Following a thorough assessment involving various specialists, we have compiled our findings and recommendations.

Evaluation Summary:

- **Medical Assessment:** [Summary of medical findings]
- **Physical Therapy:** [Summary of physical therapy evaluation]
- **Psychological Evaluation:** [Summary of psychological assessment]
- **Occupational Therapy:** [Summary of occupational therapy findings]

Recommendations:

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

We suggest scheduling a follow-up appointment to discuss the implementation of these recommendations and any concerns you may have. Please contact our office at [Phone Number] or [Email Address] to arrange a convenient time.

Thank you for allowing us to assist you in managing your chronic pain.

Sincerely,

[Provider's Name]

[Provider's Title]

[Clinic Name]

[Clinic Address]

[Clinic Phone Number]

[Clinic Email Address]