

# Pediatric Chronic Pain Evaluation

Date: [Insert Date]

To: [Parent/Guardian's Name]

Address: [Parent/Guardian's Address]

Dear [Parent/Guardian's Name],

We are writing to summarize the findings from [Child's Name]'s recent pediatric chronic pain evaluation conducted on [Evaluation Date]. This evaluation is a crucial step in understanding and managing your child's pain effectively.

## Patient Information

**Child's Name:** [Child's Name]

**Date of Birth:** [Child's DOB]

**Medical Record Number:** [MRN]

## Medical History

[Provide a brief overview of the child's medical history, including prior treatments and pain characteristics.]

## Evaluation Findings

[Summarize findings from the evaluation, including physical examination results, pain scale assessments, and any relevant tests performed.]

## Recommendations

Based on the evaluation findings, we recommend the following:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

## Follow-Up

Please schedule a follow-up appointment to discuss your child's treatment plan and any additional questions you may have. Our office will be in contact to arrange this appointment.

Thank you for trusting us with your child's care.

Sincerely,

[Provider's Name]

[Provider's Title]

[Clinic/Hospital Name]

[Contact Information]