

# Chronic Pain Assessment Request

Date: **[Insert Date]**

To: **[Recipient's Name]**  
[Recipient's Title/Position]  
[Recipient's Organization/Clinic Name]  
[Recipient's Address]

Dear [Recipient's Name],

I am writing to formally request a comprehensive assessment for chronic pain management for my patient, **[Patient's Name]**, who has been experiencing persistent pain and related symptoms.

Patient Details:

- Name: [Patient's Name]
- Date of Birth: [Patient's Birthdate]
- Medical Record Number: [Patient's MRN]

[Patient's Name] has been experiencing chronic pain since [insert date] and has not responded adequately to initial treatment interventions. A thorough assessment by your esteemed team is essential to develop a targeted treatment plan that accurately addresses his/her needs.

Please find attached the patient's medical history and previous treatment attempts for your review.

Thank you for considering this request. I look forward to your timely response.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Organization/Clinic Name]  
[Your Contact Information]