

# Chronic Pain Medical Evaluation Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Contact: [Insert Patient Contact Information]

physician Name: [Insert Physician's Name]

Clinic Name: [Insert Clinic Name]

Address: [Insert Clinic Address]

Contact: [Insert Clinic Contact Information]

## Subject: Follow-Up on Chronic Pain Evaluation

Dear [Patient's Name],

We are writing to follow up on your recent evaluation for chronic pain. During your visit on [Insert Date of Evaluation], we discussed various aspects of your condition and the treatment plan moving forward.

### Evaluation Summary:

- Current Pain Level: [Insert Pain Level]
- Symptoms Experienced: [List Symptoms]
- Treatment Options Discussed: [List Options]
- Recommended Follow-Up: [Insert Date for Follow-Up]

### Next Steps:

Please continue to monitor your symptoms and follow the treatment plan we discussed. Should you experience any significant changes in your condition, do not hesitate to contact our office.

Thank you for trusting us with your care. We look forward to your next visit.

Sincerely,

[Physician's Name]

[Physician's Title]