

Referral to Multidisciplinary Pain Management Team

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Multidisciplinary Pain Management Team Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], who has been experiencing persistent pain related to [brief description of the condition] for the past [duration]. Despite various treatment modalities, including [list treatments tried], the patient continues to experience significant discomfort and impairment in daily activities.

Given the complexity of [Patient's Name]'s condition and the impact on their quality of life, I believe a multidisciplinary approach involving your team may provide a more effective management strategy. The patient would benefit from [specific services or assessments needed, e.g., physical therapy, psychological support, medication management].

Enclosed are the relevant medical records and any diagnostic studies that may assist in your evaluation.

Thank you for your attention to this referral. Please feel free to contact me at [Your Phone Number] or [Your Email] if you have any questions or require further information.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Address]

[City, State, Zip Code]