

\_\_\_\_\_  
Date

Dear \_\_\_\_\_:

In an effort to provide you with the best possible care, the enclosed ***Pain History Form*** must be completed **PRIOR** to your appointment. Please return the completed form as soon as possible, at least 10 days prior to your visit. A self-addressed, postage-paid envelope has been provided for your convenience.

If you need assistance in completing this form, please call our office immediately at 800.445.6442 or 715.359.6442 and arrangements will be made to assist you.

If your form is not completed and received prior to the time of your appointment, we may be required to reschedule your appointment.

Also enclosed is a sample ***Controlled Substances Agreement***. We ask that you read through this document in its entirety prior to your visit. As you are scheduled to see a pain management specialist, narcotic pain medications **may be** used as part of your overall treatment. If that is the case, you will be asked to sign this document at the time of your visit. You **do not** need to sign it prior to your visit.

Finally, you will also find enclosed a ***SOAPP*** questionnaire form. We ask that you complete this questionnaire by answering questions 1-24 as directed on the form and **bring the completed document with you to your scheduled appointment.**

Thank you for helping us to provide you with the best possible care.