**Chronic Pain Follow Up Note**

**Patient:** @NAME@

**MRN:** @MRN@

**Subjective:**

**Chief Complaint:**

Chronic pain f/u

**History of Present Illness:**

@NAME@ is a(n) @AGE@ @SEX@ presenting today in follow up for chronic pain, secondary to \_\_\_.

@PAINMED@

Medications and allergies reviewed and updated in EPIC.

@ROSBYAGE@

**Objective:**

@VITALSM@

@PHYSEXAMCOMPLETE@

**Diagnostic Studies:**

@RESULTRCNT(6w)@

**Assessment and Plan:**

1. Chronic Pain: Secondary to \_\_\_\_\_\_. [ ] Stable [ ] Unstable

Last urine was: [ ] Appropriate [ ] Inappropriate

[ ] Continue current regimen [ ] Increase dose [ ] Taper dose

MassPAT reviewed today and is: [ ] Appropriate [ ] Inappropriate

Patient was given a prescription for \_\_\_, for a \_ day supply of \_\_ tabs, 0 refills. Prescriptions to be filled on \_\_\_\_. Next prescriptions due \_\_\_\_.

@CMED@

@MEDSDISCONTINUED@

@ORDERSENC@

**Follow up:**

@FOLLOWUP@