



Sample Participant Letter to Healthcare Provider

[AGENCY LETTERHEAD]

[AGENCY]

[AGENCY ADDRESS]

[AGENCY CONTACT INFORMATION]

Living Well with Chronic Pain Workshop

Date: _____

Dear _____,

I participated in the Living Well with Pain Workshop on

_____ at
(DATES OF WORKSHOP)

_____.
(LOCATION OF WORKSHOP)

In this workshop I learned how to cope with frustration associated with my chronic pain. Some of the topics covered were exercise and healthy eating, medication management, managing pain and fatigue, dealing with emotions, and working with the healthcare system. I also learned how to set realistic goals for improving my health by using a weekly “action plan” throughout the six-week workshop.

During the program, I accomplished:

My current action plan is:

Please file this in my medical record and ask me about it at my next visit. Thank you.

Sincerely,

For more information about this and other programs visit www.yourjuniper.org

