

Patient Care Plan Revision

Date: [Insert Date]

To: [Healthcare Provider's Name]

From: [Your Name]

Subject: Revision of Care Plan for [Patient's Name]

Dear [Healthcare Provider's Name],

I am writing to propose a revision of the care plan for [Patient's Name], who has been under our care since [Start Date]. Upon reviewing the patient's current condition and progress, I believe that an update to the care plan is necessary to better address the patient's needs.

Current Goals and Objectives

- [Current Goal 1]
- [Current Goal 2]
- [Current Goal 3]

Proposed Changes

- [Proposed Change 1]
- [Proposed Change 2]
- [Proposed Change 3]

Rationale for Changes

[Provide a brief explanation of why the changes are necessary.]

Next Steps

Please review the proposed changes and let me know your thoughts. I would appreciate the opportunity to discuss this further during our next meeting.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]