

Patient Wellness Strategy Review

Date: _____

Patient Name: _____

Patient ID: _____

Dear [Patient's Name],

As part of our commitment to your health and wellbeing, we would like to take this opportunity to review your wellness strategy. This review will help us assess your current health status and make any necessary adjustments to your care plan.

Current Wellness Strategy Overview:

- Dietary Recommendations: _____
- Exercise Routine: _____
- Medication: _____
- Follow-Up Appointments: _____

Progress Summary:

During our time together, you have made significant progress in the following areas:

- Weight Management: _____
- Physical Activity: _____
- Mental Wellbeing: _____

Areas for Improvement:

We have identified some areas where we can focus our efforts moving forward:

- Adjustments to Diet: _____
- Increasing Physical Activity: _____
- Improving Sleep Quality: _____

Next Steps:

We recommend scheduling a follow-up appointment to discuss your progress in detail and refine your wellness strategy accordingly. Please contact our office at [Office Phone Number] to set a date and time that works for you.

Thank you for your continued commitment to your health.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Practice Name]

[Contact Information]