

# Patient Follow-Up regarding Symptom Changes

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. This letter is to follow up with you regarding your recent symptoms and changes you may have experienced since our last appointment.

Please take a moment to update us on the following:

- Any new symptoms you have experienced
- Changes in the severity of your existing symptoms
- How your current treatment plan has been working for you

Your feedback is essential for us to adjust your treatment plan accordingly and to provide the best care possible. Please feel free to reach us by responding to this letter or calling our office at [Insert Phone Number].

We look forward to hearing from you soon.

Best regards,

[Your Name]

[Your Title]

[Your Clinic/Hospital Name]

[Your Contact Information]