

Mental Health Appointment Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient Name],

We hope this message finds you well. This letter serves as a follow-up to your recent appointment on [Insert Appointment Date]. During this visit, we discussed your current treatment plan and the medications you are taking.

We would like to schedule a medication review appointment to assess your response to the current medications and make any necessary adjustments. Please contact our office at [Insert Phone Number] to arrange a convenient time for this appointment.

Thank you for your attention to your mental health. We look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Title]

[Your Clinic/Organization Name]

[Contact Information]