

Patient Health Assessment Letter

Date: _____

To Whom It May Concern,

This letter is to confirm that **[Patient's Name]**, a patient under my care, has been diagnosed with epilepsy and is currently undergoing treatment.

Patient Information

Patient ID: [Patient ID]

Birth Date: [Date of Birth]

Diagnosis: Epilepsy

Current Medications: [List of Medications]

Health Assessment

During the latest assessment on **[Date of Assessment]**, the following points were noted:

- Seizure frequency: [Specify Frequency]
- Last seizure date: [Date]
- Side effects of medication: [List any Side Effects]
- Overall health status: [Good/Fair/Poor]

Recommendations

It is recommended that **[Patient's Name]** follows the prescribed treatment plan and attends regular follow-up appointments to monitor their condition. Any changes in health status or seizure frequency should be reported immediately.

Thank you for your attention to this matter. Please feel free to contact my office for any further information.

Sincerely,

[Doctor's Name]

[Doctor's Title]

[Medical Institution]

Contact Information: [Phone Number, Email]