

# Patient Wellness Risk Appraisal

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

**Dear [Patient Name],**

We are committed to your health and wellness. As part of our proactive approach, we have conducted a wellness risk appraisal to assess potential health risks that may affect your wellbeing. Below are the findings from your appraisal:

## **Health Risks Identified:**

- [Risk 1: Description]
- [Risk 2: Description]
- [Risk 3: Description]

## **Recommendations:**

We recommend the following actions to manage your health risks:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

Please feel free to reach out if you have any questions or need further assistance. We are here to support you on your journey to better health.

**Best Regards,**

[Your Name]

[Your Title]

[Your Contact Information]