

# Mental Health Treatment Instructions

Date: [Insert Date]

To: [Patient's Name]

From: [Provider's Name]

Subject: Treatment Instructions

**Dear [Patient's Name],**

Thank you for attending your recent appointment. As discussed, here are the instructions for your mental health treatment:

## 1. Medication:

- Medication Name: [Insert Name]
- Dosage: [Insert Dosage]
- Frequency: [Insert Frequency]
- Instructions: [Insert Instructions]

## 2. Therapy Sessions:

Your therapy sessions are scheduled for:

- Date: [Insert Date and Time]
- Location: [Insert Location]

## 3. Self-Care Strategies:

We recommend the following self-care strategies:

- [Insert Strategy 1]
- [Insert Strategy 2]
- [Insert Strategy 3]

## 4. Emergency Contact:

If you experience a mental health crisis, please contact:

- Name: [Insert Contact Name]
- Phone: [Insert Contact Number]

## Follow-Up:

Your next appointment is scheduled for [Insert Date]. Please do not hesitate to reach out if you have any questions or concerns.

**Sincerely,**

[Provider's Name]

[Provider's Title]

[Provider's Contact Information]