Patient Symptoms Monitoring

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. As part of our ongoing efforts to monitor your health and provide you with the best care possible, we kindly ask you to update us on your current symptoms.

Symptoms Checklist:

- Fever: [Yes/No]
- Cough: [Yes/No]
- Shortness of Breath: [Yes/No]
- Fatigue: [Yes/No]
- Muscle Aches: [Yes/No]
- Headache: [Yes/No]
- Nausea: [Yes/No]
- Other Symptoms: [Please specify]

Additional Notes:

[Please provide any additional information or changes in your condition]

Thank you for your cooperation. Please respond by [Insert Response Deadline].

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]