

Chronic Care Coordination

Date: _____

To: [Patient Name]

Address: [Patient Address]

City, State, Zip: [City, State, Zip]

Dear [Patient Name],

We, the multidisciplinary team involved in your care, would like to provide you with an update on your chronic condition management and outline our coordinated plan moving forward.

Team Members:

- Dr. [Physician's Name] - [Specialty]
- [Nurse's Name] - Nurse Care Coordinator
- Dr. [Dietitian's Name] - Registered Dietitian
- Ms. [Therapist's Name] - Physical Therapist

Current Health Status:

[Brief summary of the patient's current health status and any recent examinations or tests conducted.]

Care Plan:

Our proposed plan includes the following key components:

1. [Description of treatment/intervention 1]
2. [Description of treatment/intervention 2]
3. [Description of follow-up schedule]

Next Steps:

We encourage you to reach out with any questions or concerns. Please contact our office at [Office Phone Number] to schedule your next appointment or discuss your care plan further.

Thank you for being an active participant in your healthcare. Together, we can manage your condition effectively.

Sincerely,

[Your Name]

[Your Title]

[Facility/Organization Name]