

Follow-Up Nutrition Assessment

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. We are reaching out to follow up on your recent nutrition assessment conducted on [Insert Date of Initial Assessment]. Your health and well-being are our top priorities, and we would like to discuss your progress and any concerns you may have.

During our previous assessment, we discussed:

- Your current dietary habits
- Specific goals for your nutritional health
- Any challenges you have encountered

We would like to schedule a follow-up appointment to review your progress and make any necessary adjustments to your nutrition plan. Please let us know your availability for the following dates:

- [Insert Date Option 1]
- [Insert Date Option 2]
- [Insert Date Option 3]

If none of these options work for you, please feel free to suggest alternative times.

Thank you for your commitment to your health. We look forward to hearing from you soon.

Best regards,

[Your Name]

[Your Title]

[Your Contact Information]

[Clinic/Hospital Name]