

Wellness Check for Chronic Conditions

Date: [Insert Date]

Dear [Patient's Name],

We hope this letter finds you well. As part of our ongoing commitment to your health, we would like to schedule a wellness check to discuss your chronic condition(s) and ensure you are receiving the best possible care.

The wellness check will include:

- A review of your current symptoms and medications
- Assessment of your lifestyle and any changes that may affect your condition
- Recommendations for follow-up care and resources

Please contact our office at [Insert Phone Number] or [Insert Email] to schedule your appointment at your earliest convenience.

Thank you for being an important part of our community. We look forward to supporting you on your health journey.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]