

# Health Status Update Request

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Phone Number: [Insert Patient Phone Number]

Dear [Patient's Name],

We hope this message finds you in good health. As part of our commitment to provide you with the best possible care, we are reaching out to request an update on your current health status.

Please take a moment to provide us with the following information:

- Any changes in your health condition since your last visit.
- New symptoms, medications, or treatments you have started.
- Any appointments with other healthcare providers.

We appreciate your prompt response to help us in managing your care effectively. You can send your updates via email or call us at [Insert Contact Number].

Thank you for your attention to this matter. We look forward to your reply.

Best regards,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]