

October 10, 2023

Insert clinic
logo, contact
information,
etc.

Dear NAME:

I hope this letter finds you well!

It's time to complete your symptom questionnaires so we can see how you have been doing. This will allow us to look at your symptoms and progress over time, which can help both you and your care team determine what level of ongoing support might be helpful. Completion of these measures is a requirement of continuing with our Collaborative Care program. Please complete the questionnaires as soon as possible and return them in person or by mail [mention and include a self-addressed and stamped envelope if resources are available].

If you don't want to continue with this ongoing support, monitoring, and treatment planning, you may also let us know! It is completely up to you what you decide to do.

Thank you very much! Please feel free to contact me with any questions or concerns.

Have a great day!

Sincerely,

[CARE MANAGER NAME]

[CLINIC] Behavioral Health Care Manager, Collaborative Care Program

Phone: (xxx)xxx-xxxx | [EMAIL]

[OFFICE HOURS]