[Doctor Name]
[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Re: Follow-Up Psychiatric Diagnostic Assessment for [Patient Name]
DOB: [Date of Birth]

Dear [Recipient Name],

I am writing to provide a summary of the follow-up psychiatric diagnostic assessment conducted for [Patient Name] on [Date of Consultation]. The purpose of this visit was to re-evaluate the patient's symptoms and monitor the effectiveness of the current treatment plan.

Clinical Progress and Current Status:
Since the initial assessment, the patient reports [improvement/stability/worsening] regarding [specific symptoms]. The following changes in clinical presentation were observed: [List observations].

Diagnostic Impression:
Based on the longitudinal clinical data and current mental status examination, the diagnosis is as follows:
- Primary Diagnosis: [Diagnosis Name/ICD Code]
- Secondary Diagnosis: [Diagnosis Name/ICD Code, if applicable]

Updated Treatment Plan:
1. Medication Management: [List changes or current dosages]
2. Therapeutic Interventions: [List psychotherapy recommendations]
3. Laboratory/Diagnostic Testing: [List any ordered tests]
4. Referrals: [List any specialist referrals]

Risk Assessment:
At the time of this evaluation, the patient denies suicidal or homicidal ideation. The risk of harm to self or others is currently deemed [Low/Moderate/High].

A follow-up appointment has been scheduled for [Date/Time]. If you have any questions regarding this assessment, please contact my office.

Sincerely,

[Signature]
[Doctor Name, Credentials]
[Medical License Number]