

Date: [Insert Date]

To: [Recipient Name/Physician Name]

Department: [Insert Department Name]

Facility: [Insert Facility Name]

RE: Post-Treatment Tinnitus Evaluation

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert DOB]

Reference Number: [Insert Case/ID Number]

Dear [Dr. Name/Consultant Name],

I am writing to provide a status update and request a formal consultation regarding the patient mentioned above, who has recently completed a treatment protocol for [Insert Type of Treatment, e.g., Acoustic CR Neuromodulation / Tinnitus Retraining Therapy].

Treatment Summary:

The patient underwent treatment from [Start Date] to [End Date]. The primary goal was to reduce the perceived intensity and emotional distress associated with chronic tinnitus.

Current Evaluation Results:

Following the treatment period, the patient reports the following:

- **Tinnitus Handicap Inventory (THI) Score:** [Insert Score] (Previous: [Insert Score])
- **Visual Analog Scale (VAS) Loudness:** [Insert Rating 1-10]
- **Subjective Improvements:** [Insert Brief Notes, e.g., improved sleep, reduced anxiety]
- **Persistent Symptoms:** [Insert Remaining Concerns]

Clinical Assessment:

At this stage, the patient's condition is categorized as [Insert Status, e.g., Significantly Improved / Stable / Requiring Further Intervention]. While there has been progress in [Area of Improvement], the patient continues to experience [Specific Challenge].

Consultation Request:

I am requesting your specialist evaluation to determine if additional therapeutic modalities, such as [Insert Proposed Action, e.g., medication adjustment, hearing aid fitting, or psychological counseling], are warranted to further manage the residual symptoms.

Please find the attached diagnostic reports and the patient's full progress chart for your review. I look forward to your recommendations regarding the next steps in this patient's care plan.

Sincerely,

[Your Name/Signature]

[Your Title]

[Your Contact Information]