[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Doctor's Name]
[Clinic/Hospital Name]
[Department of Neurology]
[Address]
[City, State, Zip Code]

RE: Follow-Up Documentation for [Patient Full Name]
Date of Birth: [DOB]
Date of Injury: [Date]

Dear Dr. [Doctor's Last Name],

I am writing to follow up regarding the neurological assessment performed on [Date of Assessment] following my recent injury. The purpose of this letter is to provide an update on my current symptoms and to request a summary of the clinical findings for my records.

Since our last appointment, I have observed the following symptoms:

- [List symptom 1, e.g., Persistent headaches]
- [List symptom 2, e.g., Dizziness or vertigo]
- [List symptom 3, e.g., Changes in sleep or mood]
- [List symptom 4, e.g., Memory or concentration difficulties]

I would appreciate it if your office could provide a formal report including:

- The results of the neurological physical exam.
- Results from any diagnostic imaging (CT, MRI, or EEG) if applicable.
- Recommended treatment plan and activity restrictions.
- Referrals for any necessary rehabilitation (Physical, Occupational, or Speech Therapy).

Please let me know if a follow-up visit is required to discuss these findings further or if there are specific instructions I should follow regarding my recovery. I can be reached at [Your Phone Number].

Thank you for your professional care and attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]