

Date: [Insert Date]

RE: [Patient Name]

Date of Birth: [Patient DOB]

To Whom It May Concern,

I am the treating [Job Title, e.g., Psychiatrist/Psychologist] for [Patient Name], who has been under my care since [Start Date]. This letter serves to document the patient's current psychiatric status and clinical presentation.

Current Diagnosis:

The patient has been diagnosed with the following according to DSM-5 criteria:

- [Primary Diagnosis Name] - [ICD-10 Code]
- [Secondary Diagnosis Name] - [ICD-10 Code]

Current Clinical Symptoms:

At present, the patient exhibits the following symptoms:

- [Symptom 1: e.g., Persistent depressed mood]
- [Symptom 2: e.g., Anhedonia and loss of interest]
- [Symptom 3: e.g., Severe anxiety and panic attacks]
- [Symptom 4: e.g., Sleep disturbances and fatigue]
- [Symptom 5: e.g., Difficulty with concentration and executive function]

Functional Impact:

These symptoms significantly impact the patient's ability to perform daily activities, specifically in the areas of [Area 1: e.g., Occupational performance] and [Area 2: e.g., Social interaction].

Treatment Plan:

The patient is currently participating in [Treatment Modality: e.g., Weekly Psychotherapy and Medication Management].

Please contact my office at [Phone Number] if you require further information.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Clinic Name/Organization]