

**Date:** [Insert Date]

**To:** [Recipient Name/Organization Name]

**Address:** [Recipient Address]

**RE: Psychological Health and Wellness Clearance**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient Date of Birth]

To Whom It May Concern,

I am writing this letter at the request of my patient, [Patient Name], to provide a clinical update regarding their psychological health and wellness status.

[Patient Name] has been under my care since [Start Date of Treatment] for [Type of Services, e.g., psychotherapy/counseling/evaluation]. During this time, we have addressed [Brief Mention of Goals, e.g., stress management, emotional regulation, or general wellness].

Based on my most recent clinical assessment conducted on [Date of Last Evaluation], [Patient Name] demonstrates the emotional and psychological stability required to [State Purpose, e.g., return to work, participate in the program, or resume duties].

At this time, there are no psychological contraindications that would prevent them from performing their necessary responsibilities. The patient is currently [stable/compliant with treatment/meeting clinical milestones] and possesses the necessary coping mechanisms to manage the demands of their environment.

**Recommendations:**

[Insert specific recommendations or write "No specific restrictions at this time"].

Should you require any further information or clarification, please do not hesitate to contact my office at [Phone Number].

Sincerely,

[Signature]

[Provider Name, Credentials]

[Title/License Number]

[Organization/Practice Name]

[Contact Information]