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

[Date]

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

Dear [Patient Name],

Our records indicate that it has been some time since your last behavioral therapy appointment. Periodic follow-up visits are an important part of your ongoing treatment plan and help ensure that you continue to make progress toward your personal goals.

We would like to schedule a follow-up session to review your progress and discuss any adjustments needed for your current care plan.

Please contact our office at [Phone Number] at your earliest convenience to schedule an appointment. You may also book online through our patient portal at [Website URL].

If you are currently receiving care elsewhere or if you feel you no longer require these services, please let us know so we can update your medical record.

We look forward to hearing from you.

Sincerely,

[Provider Name or Clinic Name]
[Title]