

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

[Date]

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

Subject: Routine Health and Wellness Screening

Dear [Patient Name],

As part of our commitment to your total health, we recommend regular screenings to monitor both your physical and emotional well-being. Our records show that you are due for a routine Wellness and Depression Screening.

Mental health is just as important as physical health. This brief screening helps us identify potential concerns early and ensures you receive the best support possible. This appointment will include:

- A review of your general health history
- A standard mental health questionnaire
- A discussion regarding your stress levels and mood
- An updated personalized care plan

Please call our office at [Phone Number] or visit our online portal at [Website/URL] to schedule your appointment. If you have had these screenings performed elsewhere recently, please let us know so we can update your medical records.

If you are experiencing a mental health crisis, please do not wait for an appointment. Call or text 988 (Suicide & Crisis Lifeline) or go to the nearest emergency room.

We look forward to seeing you soon.

Sincerely,

[Provider Name or Practice Manager]
[Practice Name]