

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Reminder - Biannual Mental Health Wellness Assessment

Dear [Patient Name],

Our records indicate that it is time for your biannual mental health wellness assessment. As part of your ongoing care plan, we schedule these check-ups every six months to monitor your progress and ensure you are receiving the best support possible.

This appointment will provide an opportunity to discuss your current well-being, review any medications if applicable, and adjust your personalized care goals.

Please contact our office at [Phone Number] or visit our online portal at [Website URL] to schedule your appointment at your earliest convenience.

If you have already scheduled this assessment, please disregard this notice.

We look forward to seeing you soon.

Sincerely,

[Provider/Clinic Name]

[Contact Information]