

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

[Date]

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

Dear [Patient Name],

Our records indicate that you are due for a routine follow-up assessment regarding your mood and emotional wellbeing. As part of your ongoing primary care, we aim to complete this assessment annually to ensure you are receiving the best possible support.

Please contact our office at [Phone Number] to schedule a "Depression Screening" or "Mood Assessment" appointment with your primary care provider. This visit typically takes [15/30] minutes.

If you have recently completed this assessment at another clinic or have already scheduled an appointment with us, please disregard this letter.

If you are experiencing a mental health crisis or need immediate support, please do not wait for an appointment. You can call or text the Suicide & Crisis Lifeline at 988, or go to the nearest emergency room.

Sincerely,

[Provider Name/Practice Manager]
[Practice Name]