

[Doctor Name/Practice Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]

[Date]

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

Dear [Patient Name],

We are contacting you because it is time for your scheduled mental health and wellness check-in. As part of our commitment to your overall health, we recommend regular screenings for emotional well-being and mood management for our senior patients.

Maintaining mental health is just as important as managing physical health. Many seniors experience changes in sleep, energy levels, or interest in daily activities. These check-ups allow us to discuss how you are feeling and ensure you have the right support in place.

Please call our office at [Phone Number] to schedule your "Wellness and Mood Review" appointment. If you have already scheduled an appointment recently, please disregard this letter.

We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]  
[Practice Name]

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**Note:** If you are experiencing a mental health emergency or need immediate help, please call the National Suicide and Crisis Lifeline at 988 or go to the nearest emergency room.