

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Clinic Name]. We are committed to providing you with specialized care and guidance as you recover from your recent head injury. Our concussion protocol is designed to ensure a safe and effective return to your daily activities, school, or sports.

Your Initial Appointment

Your first assessment is scheduled for [Date] at [Time]. During this visit, our team will perform a comprehensive evaluation, which may include cognitive testing, balance assessments, and a review of your symptoms.

What to Bring

- A list of current medications.
- Records of any previous imaging (CT scans or MRIs) related to this injury.
- Contact information for your primary care physician or school athletic trainer.

Our Approach

Recovery follows a gradual, multi-stage process. We will monitor your progress closely and provide you with specific instructions regarding physical rest, screen time limitations, and academic or workplace adjustments.

If you experience worsening symptoms such as severe headaches, repeated vomiting, or confusion before your appointment, please seek emergency medical care immediately.

We look forward to assisting you in your recovery. If you have any questions, please call our office at [Phone Number].

Sincerely,

[Provider Name/Signature]

[Title]

[Clinic Name]