Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert ID Number]

Annual Wellness Diet and Lifestyle Recommendations

Dear [Patient Name],

It was a pleasure seeing you for your annual wellness visit on [Visit Date]. Based on our discussion and your current health profile, I have outlined the following recommendations to help you maintain and improve your health over the coming year.

1. Dietary Recommendations

- **Whole Foods:** Increase intake of fiber-rich foods, including vegetables, fruits, and whole grains.
- **Protein Sources:** Prioritize lean proteins such as poultry, fish, beans, and legumes.
- **Hydration:** Aim to drink at least [Insert Amount] of water daily and limit sugary beverages.
- **Portion Control:** Practice mindful eating and monitor portion sizes to maintain a healthy weight.
- **Sodium/Sugar:** Reduce intake of processed foods high in added sugars and sodium.

2. Physical Activity

- **Aerobic Exercise:** Aim for at least 150 minutes of moderate-intensity activity (e.g., brisk walking) per week.
- **Strength Training:** Incorporate muscle-strengthening activities at least two days per week.
- **Daily Movement:** Minimize sedentary time by taking short walks during the day.

3. Lifestyle & Preventative Care

- **Sleep:** Target 7-9 hours of quality sleep per night.
- **Stress Management:** Practice relaxation techniques such as meditation or deep breathing exercises.
- **Tobacco/Alcohol:** Avoid tobacco products and limit alcohol consumption to [Insert Recommendation].
- **Follow-up:** Schedule your recommended screenings for [Insert Screenings].

Please review these goals and let our office know if you have any questions or need resources to help you implement these changes.

Sincerely,

[Provider Name, Title]
[Clinic/Facility Name]
[Phone Number]