[Your Name / Clinic Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

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

Subject: Follow-Up: Monitoring of Adverse Reactions to Prescribed Medication

Dear [Patient Name],

This letter is a follow-up to our recent appointment on [Date] regarding the initiation/adjustment of your medication: [Name of Medication].

As discussed, it is essential to monitor how your body reacts to this treatment during the first few weeks. Please review the following checklist and contact our office immediately at [Phone Number] if you experience any of the following symptoms:

- Significant changes in sleep patterns or extreme drowsiness.
- Increased anxiety, agitation, or irritability.
- Severe dizziness or loss of balance.
- Muscle stiffness, tremors, or involuntary movements.
- Sudden changes in mood or thoughts of self-harm.
- Skin rashes or allergic reactions.
- [Additional Specific Symptom]

Our goal is to ensure this medication is both safe and effective for you. Please do not discontinue or alter your dosage without consulting this office first, as sudden changes can cause additional side effects.

We have your next follow-up appointment scheduled for [Date] at [Time]. If you need to reschedule or have urgent concerns before then, please call us.

Sincerely,

[Provider Signature]
[Provider Name and Title]