

[Practitioner Name/Clinic Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]

Date: [Insert Date]

To: [Recipient Name/Organization]  
Re: Three-Month Treatment Review for [Patient Name]  
Date of Birth: [Patient DOB]

Dear [Recipient Name],

This letter serves as a formal three-month review of the behavioral therapy progress for [Patient Name], who began treatment on [Start Date].

**1. Current Goals and Objectives:**

The primary focus of treatment over the past 90 days has been on [Goal 1], [Goal 2], and [Goal 3].

**2. Progress Assessment:**

[Patient Name] has attended [Number] out of [Number] scheduled sessions. Progress toward established goals is as follows:

- [Goal 1]: [Minimal/Moderate/Significant] progress noted.
- [Goal 2]: [Minimal/Moderate/Significant] progress noted.

**3. Clinical Observations:**

During this period, the patient has demonstrated [mention specific behavioral improvements or challenges]. Engagement in the therapeutic process is [active/passive], and the patient has shown increased proficiency in using [specific coping skills or techniques].

**4. Barriers to Progress:**

[List any barriers such as attendance, environmental factors, or physiological concerns, or state "No significant barriers noted at this time"].

**5. Recommendations and Plan:**

Based on this review, it is recommended that [Patient Name] continue behavioral therapy for an additional [Duration]. The updated treatment plan will focus on [mention any new or adjusted goals].

Please contact me at [Phone Number] if you require further information or documentation.

Sincerely,

[Signature]

[Practitioner Name, Credentials]  
[License Number]