

**Date:** [Date]

**RE:** Post-Concussion Progress Report

**Patient Name:** [Patient First and Last Name]

**Date of Birth:** [DOB]

**Date of Injury:** [Date of Injury]

To Whom It May Concern,

[Patient Name] is currently under the neurological care of [Clinic Name] for the treatment of a concussion. This letter serves as an update regarding their clinical progress and current functional status.

**Current Clinical Status:**

The patient was last evaluated on [Date of Last Visit]. At this time, the patient reports the following symptoms:

- Headaches: [Improved / Unchanged / Worsened]
- Cognitive Fatigue: [Improved / Unchanged / Worsened]
- Sleep Disturbances: [Improved / Unchanged / Worsened]
- Dizziness/Balance Issues: [Improved / Unchanged / Worsened]

**Objective Assessment:**

Physical examination and neurocognitive testing indicate: [Insert brief findings, e.g., improved vestibular function, normal eye tracking, or continued cognitive processing delays].

**Plan of Care:**

The patient is currently participating in the following recovery protocols:

- [Physiotherapy / Vestibular Rehab]
- [Pharmacological Management]
- [Graduated Return to Play/Work Protocol]

**Recommendations and Restrictions:**

Based on the current evaluation, the following restrictions apply until [Date of Next Review]:

- [e.g., Limit screen time to 2 hours per day]
- [e.g., No contact sports or heavy lifting]
- [e.g., Frequent rest breaks every 30 minutes during cognitive tasks]

**Follow-Up:**

The patient is scheduled for a follow-up evaluation on [Date]. We will reassess their status and adjust the treatment plan at that time.

If you have any questions regarding this patient's care, please contact our office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, Credentials]

[Clinic Name]