

Date: [Date]

To: [Recipient Name/Organization]

Address: [Recipient Address]

RE: Medical Evaluation for Chronic Post-Concussion Syndrome

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Date of Injury: [Date of Original Injury]

To Whom It May Concern,

I am writing to provide a formal medical evaluation for [Patient Name], who is currently under my care for the management of Chronic Post-Concussion Syndrome (PCS).

Clinical History:

The patient sustained a traumatic brain injury on [Date] following [Brief Description of Incident]. Despite the passage of time since the initial injury, the patient continues to experience persistent symptoms that have lasted beyond the typical recovery window, meeting the clinical criteria for Chronic Post-Concussion Syndrome.

Current Symptomatology:

Based on recent evaluations, the patient reports and exhibits the following persistent symptoms:

- **Cognitive:** [e.g., Memory impairment, difficulty concentrating, slowed processing speed]
- **Somatic:** [e.g., Chronic headaches, vertigo, light/noise sensitivity, fatigue]
- **Affective:** [e.g., Irritability, anxiety, depression, emotional lability]
- **Sleep:** [e.g., Insomnia, excessive daytime sleepiness]

Functional Limitations:

These symptoms significantly impact the patient's daily functioning. Specific limitations include [e.g., inability to work full-time, difficulty with screen use, restricted physical activity, or need for frequent rest breaks].

Treatment Plan:

The current management strategy includes [e.g., Vestibular therapy, cognitive behavioral therapy, pharmacological intervention, or specialized referrals]. Recovery from Chronic PCS is non-linear and requires ongoing medical supervision.

Conclusion:

It is my clinical opinion that [Patient Name] remains functionally impaired due to the long-term sequelae of their concussion. I recommend the following accommodations: [List specific accommodations if applicable].

Please contact my office at [Phone Number] if you require further documentation or clarification.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]