

Date: [Date of Evaluation]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Injury: [Date of Injury]

To Whom It May Concern,

[Patient Name] was seen today for a routine follow-up evaluation regarding a diagnosed concussion. The purpose of this visit was to monitor symptomatic progress and adjust the recovery plan.

Current Clinical Status:

The patient reports that symptoms are [improving / stable / worsening]. Current reported symptoms include: [List symptoms, e.g., headache, dizziness, cognitive fatigue].

Examination Findings:

Today's physical and neurological assessment revealed: [Insert brief findings, e.g., normal vestibular-ocular screen, improved concentration, or persistent balance deficits].

Management Plan:

Based on today's evaluation, the following plan is in place:

- **Physical Activity:** [e.g., May begin light aerobic exercise / remain on physical rest].
- **Cognitive Activity:** [e.g., Resume full academic/work load / continue modified hours].
- **Medications:** [List any changes or "None"].

Recommendations for School/Work:

[Insert specific accommodations, e.g., "Student requires 25% extra time on tests" or "Employee should limit screen time to 4 hours per day"].

Follow-Up:

The patient is scheduled for a subsequent follow-up evaluation in [Time Frame, e.g., 2 weeks].

Please contact my office if you require further information.

Sincerely,

[Doctor Name, Credentials]

[Clinic/Facility Name]

[Phone Number]