

[Doctor Name/Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Follow-Up: Post-Concussion Symptom Management Plan

Dear [Patient Name],

This letter is a follow-up to your recent appointment on [Date of Visit] regarding your recovery from a concussion. Below is a summary of your symptom management plan and the recommended next steps.

**Current Symptom Status:**

Based on our evaluation, you are currently experiencing: [List Symptoms, e.g., headaches, light sensitivity, fatigue].

**Activity Guidelines:**

- **Physical Rest:** Limit strenuous activities and exercise until [Date or Milestone].
- **Cognitive Rest:** Reduce screen time (phones, computers, TV) and limit mentally taxing tasks.
- **Return to Work/School:** [Specific instructions, e.g., half-days, frequent breaks, or excused absence until Date].

**Medication and Treatment:**

- [Medication Name/Dosage/Frequency]
- [Therapy Referrals, e.g., Physical Therapy or Vestibular Therapy]

**Red Flags (Seek Emergency Care Immediately if you experience):**

- Worsening or severe headaches
- Repeated vomiting
- Seizures or tremors
- Slurred speech or extreme confusion
- Weakness in limbs or loss of coordination

**Follow-Up Appointment:**

Your next evaluation is scheduled for [Date] at [Time]. Please bring a log of your daily symptoms to this appointment.

If you have any questions or if your symptoms worsen before your next visit, please contact our office at [Phone Number].

Sincerely,

[Doctor Signature]  
[Doctor Name, Title]