[Date]

[Patient Name]
[Patient Address]
[City, State, Zip Code]

Dear [Patient Name],

Thank you for participating in your recent Chronic Condition Management (CCM) intake assessment on [Date of Appointment]. It was a pleasure speaking with you regarding your health goals and the management of [List Condition(s)].

Based on our discussion, we have updated your personalized care plan. A summary of your key goals and upcoming steps is included below:

- **Primary Goal:** [E.g., Stabilize blood sugar levels]
- **Medication Changes:** [E.g., No changes / New dosage for Medication X]
- **Action Item:** [E.g., Daily blood pressure monitoring]
- **Next Lab/Test:** [E.g., A1C test due by October]

Our care team is here to support you between office visits. We will be reaching out to you monthly via [Phone/Patient Portal] to monitor your progress, address any challenges, and coordinate your care with other specialists.

If you have any questions regarding your care plan or if you experience any changes in your symptoms, please contact our CCM coordinator at [Phone Number].

We look forward to working with you to improve your health and well-being.

Sincerely,

[Provider Name/Care Coordinator Name]
[Practice Name]
[Contact Information]