

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert ID Number]

Date of Adjustment: [Insert Date of Treatment]

Subject: Post-Adjustment Symptom Evaluation and Monitoring

Dear [Patient Name],

This letter is to follow up on your recent treatment adjustment. It is important to monitor how your body responds to these changes to ensure your recovery is progressing as expected.

1. Immediate Symptom Log

Please record any changes in your symptoms over the next [Insert Number] days. Note the intensity, duration, and time of day these symptoms occur.

2. Common Post-Adjustment Responses

It is common to experience mild soreness or fatigue shortly after an adjustment. However, please notify our office immediately if you experience:

- Sharp or radiating pain
- Increased numbness or tingling
- Significant muscle weakness
- Dizziness or blurred vision

3. Self-Care Instructions

To support the adjustment, please adhere to the following:

- [Insert Instruction, e.g., Stay hydrated]
- [Insert Instruction, e.g., Apply ice/heat for 15 minutes]
- [Insert Instruction, e.g., Avoid heavy lifting]

4. Next Evaluation

Your follow-up appointment is scheduled for: **[Insert Follow-up Date/Time]**.

If you have any urgent concerns before your next visit, please contact us at [Insert Phone Number].

Sincerely,

[Provider Name]

[Provider Title]

[Clinic/Facility Name]