

Date: [Date]

RE: [Patient Full Name]

Date of Birth: [Patient DOB]

To: Dr. [PCP Last Name],

The purpose of this letter is to inform you that your patient has begun outpatient psychotherapy services at [Name of Clinic/Practice].

Initial Assessment Summary:

- **Start Date:** [Date of Intake]
- **Frequency:** [e.g., Weekly/Bi-weekly]
- **Provisional Diagnosis:** [Diagnosis Code/Name]
- **Treatment Focus:** [Brief description of goals, e.g., Anxiety management, depression, coping skills]

Current Medications (as reported by patient):

[List medications or "None"]

Risk Assessment:

[Brief statement on safety status, e.g., No current suicidal or homicidal ideation reported.]

I will provide further updates if there are significant changes in the patient's clinical status or treatment plan. If you have any questions or wish to coordinate care, please contact me at the information listed below.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[Practice Name]

[Phone Number]

[Email Address]