

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

It was a pleasure meeting with you on [Date of Consultation] for your clinical dietary assessment. This letter serves as a summary of our discussion and a follow-up on your personalized nutritional plan.

Assessment Overview:

Based on our review of your medical history, current dietary intake, and clinical goals, we have identified the following key areas for focus:

- [Focus Area 1]
- [Focus Area 2]

Recommended Actions:

To support your health objectives, we recommend the following adjustments:

- [Nutritional Recommendation 1]
- [Nutritional Recommendation 2]
- [Fluid Intake/Supplement Recommendation]

Monitoring and Resources:

Please continue to log your daily food intake using the [Method/App Name] as discussed. Attached to this letter, you will find educational materials regarding [Topic, e.g., Low-Sodium Choices/Portion Control].

Next Appointment:

We have scheduled your follow-up visit for [Date] at [Time] to review your progress and adjust the plan as necessary.

If you have any questions or experience any difficulties with these recommendations before our next meeting, please contact the clinic at [Phone Number] or via email at [Email Address].

Sincerely,

[Clinician Name, Credentials]

[Facility/Clinic Name]