After Visit Summary Template

Dear [Patient's Name],

Thank you for visiting our clinic today. Below is a summary of your visit and the next steps in your care plan.

Date of Visit: [Date]

Reason for Visit: You were seen today for [chief complaint], including symptoms of [list symptoms]. We discussed your medical history, including [relevant history details]. We also addressed additional concerns during the visit such as [list any other discussion topics].

Findings:

- Physical exam findings: [describe any notable observations].
- Test results: [mention relevant lab work, imaging, or other diagnostic findings].
- Other relevant observations: [include any significant clinical findings].

Diagnosis: Based on today's assessment, you have been diagnosed with [diagnosis or clinical impression]. Possible differential diagnoses include [list if applicable].

Treatment Plan:

- Medications: You have been prescribed [list medications with dosages and instructions].
- Lifestyle recommendations: [Include dietary guidance, exercise, smoking cessation, stress management, or other relevant advice].
- Procedures or therapies: [mention any in-office procedures performed or scheduled].
- Monitoring and self-care: [e.g., "Monitor your blood sugar levels daily and keep a log"].

Medications:

- Current prescriptions: [list medications].
- Over-the-counter medications or supplements: [list any discussed].
- Medication changes: [describe any new or discontinued medications].

Allergies: List any drug, food, or environmental allergies, or indicate “No known allergies” if applicable].

Next Appointment: Your next visit is scheduled for [date/time]. If you need to reschedule, please contact our office.

If you have any questions or concerns, please do not hesitate to contact our office at [Clinic Phone Number] or through [preferred contact method].

Sincerely,
[Clinician's Name]
[Clinician's Contact Information]
[Clinic Name]