**Date:**

Address:

Dear

**Re: (Patient name)**

**DOB:**

I have been seeing (Patient name) for several months this year, usually on a *[weekly/ fortnightly*] basis. I have been able to undertake several home visits and have also discussed issues related to mental health and psychological wellbeing with (patient’s) carer (name)

(Patient name) has described symptomology [*of anxiety/stress/ distress*], which at times has caused [*him/her intense distress and at times an feeling an inability to cope with daily tasks.]* (Patient name) describes his/her psychological symptoms as being caused by [his/her xxxxxxxxxxxxxxx.

On discussion regarding significant symptoms, (Patient) reports that they have been experiencing [breakthrough pain,/ shortness of breath when walking short distances/ nausea/ inability to appreciate or to taste food/ constipation] . Some of these symproms are caused by

(Patient name) has responded well to ( *Therapies listed…. ie: Mindfullness and Acceptance and Commitment Therapy, as well as CBT related to pain and symptom management*.). We have explored loss and grief in relation to (Patient’s name) life narrative, as (Patient name) described his/her *pain and discomfort as significantly and dramatically changing his/her life.*

Over these last few months (Patient name) has been able to [resume some activities of daily living, as well as enjoying time spent with family – something that gives (Patient name) great joy and fulfillment. His/her inability to cope on some days, however, is impacting on his/her relationship with his/her wife/husband – something we will be working on over the next few visits with both (Patient name and partner if relevant).

(Patient name) will need a review of his/her Mental Health Care Plan, as I believe that he/she will continue to require ongoing psychological support and therapy.

I am happy to be contacted about any of the above in regard to (Patient name) .

Yours sincerely,

Clinician