*Affix Client Label Here*

**PRIMARY CARE UPDATE**

*Date*

Dear *Dr./Ms./Mr. Recipient Name*,

Re: *Client First & Last Name*, *Client DOB* Date of admission to program: *Date*

Further to our letter dated *[ date ]*, the client’s current status and updates in care are provided below.

*[ Statement on status of shared client ]*

**SUMMARY:**

|  |  |
| --- | --- |
| **Categories** | **Comments** |
| **MEDICATION** (INCL. SIDE EFFECTS, ADHERENCE)  |  |
| **SYMPTOMS AND DIAGNOSIS OF MENTAL ILLNESS** (INCL. CAPACITY, DIAGNOSIS, CTO…)  |  |
| **PHYSICAL WELLBEING** (E.G. METABOLIC MONITORING, DIABETES, BLOOD WORK...) |  |
| **ENGAGEMENT IN CARE IN EPI PROGRAM** (E.G. PARTICIPATION IN GROUPS AND THERAPIES, ATTENDANCE) |  |
| **OUTSIDE SERVICE ACCESS** (E.G. OTHER PROGRAM INVOLVEMENT, HEALTHCARE PROVIDERS, ER VISITS, ADMISSIONS …) |  |
| **CLIENT GOALS AND PROGRESS**  |  |
| **FAMILY AND SOCIAL INVOLVEMENT**  |  |
| **OTHER PSYCHOSOCIAL ISSUES** (E.G. HOUSING, LEGAL ISSUES…) |  |
| **SUBSTANCE USE**  |  |
| **SAFETY CONCERNS** (INCL. SAFETY TO SELF, OTHERS)  |  |
| **TREATMENT PLAN(S)**  |  |

*[ Transitional statement ]*

*[ Recommendations for primary care ]*

We hope you find this update helpful to you. Please do not hesitate to contact me at *[ phone # ]* for any update or clinical concerns on this client.

Sincerely,

*[ Name, Title, Signature ]*