PATIENT PORTAL MESSAGE TEMPLATES

PatientLead Health | Professional Healthcare Communication

PRE-APPOINTMENT MESSAGES

Setting Expectations

```
Subject: Preparing for [Date] Appointment

Hi Dr. [Name],

I have an appointment with you on [date] for [main concern]. I wanted to reach out beforehand to help ensure our time

My main concerns for this visit are:
1. [Primary concern with brief details]
2. [Secondary concern if applicable]

I work best with providers who explain procedures before starting them and give me time to ask questions. This approa

I'm looking forward to working together on these health concerns.

Thank you,
[Your name]
```

Requesting Accommodations

```
Subject: Accommodation Request for Upcoming Appointment

Hello,

I have an appointment scheduled with Dr. [Name] on [date]. I'd like to request a few accommodations that help me rece

- [Specific accommodation, e.g., "Longer appointment time to discuss multiple concerns"]
- [Specific accommodation, e.g., "Having my support person present"]
- [Specific accommodation, e.g., "Sitting up during consultation when possible"]

These accommodations help me communicate more clearly about my symptoms and participate fully in treatment decisions.

Best regards,
[Your name]
```

POST-APPOINTMENT FOLLOW-UP

Clarifying Instructions

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Subject: Follow-up Questions from [Date] Visit

Hi Dr. [Name],

Thank you for taking the time with me yesterday. I wanted to follow up on a few points to make sure I understand the

1. You mentioned [treatment/medication]. Could you clarify [specific question]?
2. For the [test/referral] you ordered, what timeline should I expect?
3. Should I continue [current medication/treatment] while starting the new approach?

I want to make sure I'm following your recommendations accurately. Please let me know when you have a chance to respo

Thank you,
[Your name]
```

Reporting New Symptoms

```
Subject: New Symptom Update - [Brief Description]

Dr. [Name],

Since our appointment on [date], I've noticed [new symptom/change]. Here are the details:

- What: [Specific description]
- When it started: [Timeline]
- Severity (1-10 scale): [Number]
- What makes it better/worse: [Details]
- Impact on daily activities: [Description]

Given our recent discussion about [condition/treatment], I wanted to report this promptly. Should I schedule a follow

Please advise on next steps.

[Your name]
```

ADDRESSING CONCERNS

Requesting Second Opinion

```
Subject: Second Opinion Request

Dear Dr. [Name],

I've been thinking about our recent discussions regarding [condition/symptoms]. I would like to get a second opinion

This request isn't a reflection of dissatisfaction with your care, but rather my desire to be thoroughly informed abo

Could you please provide a referral to [specific type of specialist] or recommend someone you'd suggest for a second

I appreciate your understanding and continued collaboration in my care.

Best regards,
[Your name]
```

Addressing Dismissive Treatment

```
Subject: Request to Discuss Care Approach

Dr. [Name],

I wanted to follow up on our appointment on [date] regarding [concern]. I left feeling like my symptoms weren't fully

My specific concerns are:
- [Specific symptom or issue that wasn't adequately addressed]
- [Impact on your daily life/function]
- [Why you feel it needs more attention]

I'm committed to working collaboratively with you on my healthcare. Could we schedule time to discuss additional eval

I value our therapeutic relationship and hope we can find a path forward that addresses these concerns.

Thank you for your consideration,
[Your name]
```

MEDICAL RECORDS REQUESTS

Amendment Request

```
Subject: Medical Record Amendment Request

Dear Medical Records Department,

I am requesting an amendment to my medical record from [date of visit] with Dr. [Name] under my HIPAA rights (45 CFR

The specific information I believe is inaccurate:
"[Quote the exact language from the record]"

Why I believe this is inaccurate:
[Your explanation of why the information is wrong or misleading]

Requested amendment:
"[Your preferred alternative language]"

Please respond within the required 60-day timeframe and let me know if you need additional information to process thi

[Your name]
[Date of birth]
[Medical record number]
[Contact information]
```

Records Access Request

```
Subject: Request for Medical Records

Hello,

I would like to request copies of my medical records for the following:

- Visit notes from [date range or specific dates]
- Test results from [specific tests or date range]
- [Any other specific records needed]

These records are for [brief reason: personal records, second opinion, etc.].

Please let me know:
1. What forms I need to complete
2. Associated costs
3. Timeline for receiving the records
4. Preferred method of delivery (secure email, mail, pickup)

Thank you for your assistance.

[Your name]
[Date of birth]
[Medical record number]
```

INSURANCE AND AUTHORIZATION

Appeal Support Request

Subject: Insurance Appeal Documentation Request

Dr. [Name],

My insurance company has denied coverage for [treatment/test/referral] that you recommended. I am appealing this deci

Could you please provide:
- A letter of medical necessity explaining why this [treatment/test] is required
- Relevant clinical documentation supporting your recommendation
- Any additional information that demonstrates this is not experimental or cosmetic

The appeal deadline is [date], so I'd appreciate your assistance by [reasonable deadline].

Please let me know if you need any additional information from me to prepare this documentation.

Thank you for your support,
[Your name]

MEDICATION CONCERNS

Side Effect Reporting

```
Subject: Medication Side Effect Report - [Medication Name]

Dr. [Name],

I started taking [medication name] as prescribed on [date] and have been experiencing some concerning side effects:

- [Specific side effect]: Started [when], severity [1-10], impact [description]
- [Additional side effects if any]

Current dosage: [amount and frequency]
Other medications I'm taking: [list relevant medications]

Should I:
- Continue the medication and monitor?
- Adjust the dosage?
- Stop the medication?
- Schedule an urgent appointment?

I want to follow your guidance while ensuring my safety.

[Your name]
```

URGENT BUT NON-EMERGENCY

Urgent Symptom Report

Subject: URGENT - New Concerning Symptom

Dr. [Name],

I'm experiencing a new symptom that is concerning me but doesn't seem to require emergency care:

[Detailed description of symptom, when it started, severity, what makes it better/worse]

This is different from my usual [condition] symptoms and is significantly impacting [specific impact].

I'm not sure if this requires an urgent appointment or emergency care. Could you please advise on:
1. Whether I should be seen today/this week?
2. What I should do to manage this symptom in the meantime?
3. Any warning signs that would require immediate emergency care?

I can be reached at [phone number] if you need to discuss this directly.

Thank you for your prompt attention,
[Your name]

USAGE GUIDELINES

Before Sending:

• Customize templates with your specific information

• Keep messages professional but personal

• Be specific about dates, symptoms, and requests

• Proofread for clarity

Best Practices:

• Use clear subject lines

• Lead with your main point

• Provide necessary context

• End with specific requests or questions

• Keep copies of all messages

When to Call Instead:

• True medical emergencies

• Complex issues requiring immediate discussion

• Medication reactions requiring urgent guidance

• When you need immediate clarification