**DOCTOR’S NOTE**

**[123 Health St.,]**

**[Wellness City, ST 12345]**

**[000-0000000]**

**[username@server.com]**

**Patient Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | Date of Birth: | \_\_/\_\_/\_\_\_\_ | |
| Patient ID: |  | Date of consultation: | | \_\_/\_\_/\_\_\_\_ |

**Diagnosis:**

I, **[Doctor's Name]**, a mental health doctor at **[Clinic/Hospital Name]**, have diagnosed the patient with **[specify the mental disorder]**.

**Treatment Plan:**

As part of the patient's treatment plan, it is necessary for them to have accommodations or time off **[work/school]** as deemed appropriate for their condition. Please consider the following recommendations:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medications (if prescribed): | | |  | |
|  | Therapeutic Interventions: | | |  |
|  | Recommended Therapy: |  | | |

**Duration of Excuse:**

**[Patient's Name]** is advised to take a leave of absence from **[work/school]**, beginning on **[Start Date]** and ending on **[End Date]**.

**Follow-Up Appointments:**

[] The patient requires follow-up appointments for ongoing treatment.

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| --- |
|  |

**Confidentiality:**

This note is provided in accordance with the patient's request and in compliance with applicable laws regarding patient confidentiality and medical records.

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor's Full Name: |  | Medical License No: |  |
| Doctor's Signature: |  | Date: | \_\_/\_\_/\_\_\_\_ |