

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Subject: Discharge Summary - Skill Mastery Achieved

Dear [Recipient Name/Parent/Caregiver],

This letter serves to formally notify you of [Patient Name]'s discharge from Occupational Therapy services, effective [Discharge Date].

Reason for Discharge:

The patient has successfully met all established clinical goals and has demonstrated consistent mastery of the skills required for independent functioning in their daily activities. Skilled therapeutic intervention is no longer medically necessary at this time.

Summary of Progress:

- **Initial Concern:** [Briefly describe original deficit, e.g., fine motor delays].
- **Current Status:** [Describe current achievement, e.g., independent with handwriting and self-dressing].
- **Functional Outcomes:** [List specific mastered tasks or improvements in ADLs].

Recommendations and Home Program:

To maintain the progress achieved during therapy, it is recommended that [Patient Name] continues to [list specific activities or maintenance exercises]. No further formal follow-up is scheduled.

It has been a pleasure working with [Patient Name]. If you have any questions or if functional needs change in the future, please feel free to contact our office.

Sincerely,

[Therapist Signature]

[Therapist Name, Credentials]

[Facility/Organization Name]