

Date: [Date]

RE: [Patient Name]

DOB: [Date of Birth]

ID Number: [Patient ID/Medical Record Number]

To: [Referring Provider Name/Primary Care Physician]

Clinic: [Name of Facility/Practice]

Dear [Provider Name],

This letter is to inform you that [Patient Name] has been discharged from psychiatric outpatient care at [Your Clinic Name] effective [Discharge Date].

Reason for Discharge:

[e.g., Treatment goals met / Referral to specialized care / Transfer of care / Non-compliance with treatment]

Final Diagnosis:

[List ICD-10 or DSM-5 Diagnoses]

Summary of Treatment:

[Brief description of therapeutic interventions, frequency of visits, and patient progress.]

Current Medications:

[List medication names, dosages, and frequencies, or state 'None']

Recommendations and Follow-up Plan:

[Detail the required next steps for the patient or the referring physician.]

Discharge Disposition:

[e.g., Returning to primary care / Referred to community support / Discharged against medical advice]

Thank you for the opportunity to participate in this patient's care. If you have any questions regarding this discharge summary, please contact my office at [Phone Number].

Sincerely,

[Your Signature]

[Your Printed Name and Credentials]

[Your Title/Role]