

**Date:** [Date]

**RE:** [Patient Full Name]

**DOB:** [Date of Birth]

**Date of Admission:** [Admission Date]

**Date of Discharge:** [Discharge Date]

Dear Dr. [PCP Last Name],

Please be advised that the above-named patient was recently discharged from psychiatric care at [Facility Name]. This letter serves to summarize their treatment and outline the required follow-up care.

**Admission Diagnosis:**

[Diagnosis at Admission]

**Discharge Diagnosis:**

[Diagnosis at Discharge]

**Clinical Summary:**

[Brief summary of symptoms, hospital course, and interventions.]

**Discharge Medications:**

- [Medication Name, Dosage, Frequency]
- [Medication Name, Dosage, Frequency]

**Risk Assessment at Discharge:**

The patient was deemed stable for discharge with no active suicidal or homicidal ideation at the time of departure.

**Follow-Up Plan:**

- **Outpatient Psychiatry:** [Provider Name] on [Date/Time]
- **Therapy/Counseling:** [Provider Name] on [Date/Time]
- **PCP Appointment:** Recommended within [Number] days for metabolic monitoring.

**Pending Results/Tests:**

[List any pending labs or imaging, or state "None"]

If you have any questions regarding this transition of care, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name and Credentials]

[Facility Name]