

**Date:** [Date of Discharge]

**RE:** [Patient Full Name]

**DOB:** [Date of Birth]

**MRN:** [Medical Record Number]

Dear [Primary Care Provider/Referrer Name],

This letter is to inform you that [Patient Name] was discharged from the Acute Crisis Stabilization Unit at [Facility Name] on [Date]. The patient was admitted on [Admission Date] for [Reason for Admission/Chief Complaint].

### **Hospital Course and Stabilization**

[Brief summary of interventions, behavioral changes, and response to treatment during the stay].

### **Final Diagnosis**

- Primary: [Diagnosis Name/ICD Code]
- Secondary: [Diagnosis Name/ICD Code]

### **Medications at Discharge**

The following medications were prescribed or adjusted upon discharge:

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

### **Risk Assessment at Discharge**

**Suicidal Ideation:** [None / Denied / Safety Plan in Place]

**Homicidal Ideation:** [None / Denied]

**Safety Plan:** A safety plan has been completed with the patient and reviewed with their support system.

### **Follow-Up Care Plan**

- **Outpatient Psychiatry:** [Provider Name] on [Date/Time]
- **Therapy/Counseling:** [Provider Name] on [Date/Time]
- **Primary Care:** [Provider Name] within [Number] days

### **Discharge Instructions**

[Additional instructions regarding diet, activity, or specific warning signs].

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

Sincerely,

[Attending Physician/Provider Name]  
[Title/Credentials]  
[Facility Name]