

**Date:** [Date]

**Patient Name:** [Patient Name]

**Date of Birth:** [DOB]

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

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

Dear [Recipient Name/Primary Care Physician],

This letter serves to formally notify you that [Patient Name] has been discharged from [Facility Name] following treatment for substance abuse and co-occurring psychiatric conditions.

**Admitting Diagnosis:**

[List primary substance use and psychiatric diagnosis]

**Discharge Diagnosis:**

[List final diagnoses]

**Summary of Treatment:**

[Brief description of detoxification, individual/group therapy, and psychiatric stabilization provided during the stay].

**Clinical Status at Discharge:**

[Describe patient's condition, e.g., stable, improved, sober, mental status exam results].

**Medications at Discharge:**

[List all medications, dosages, and frequencies]

**Aftercare Plan and Recommendations:**

- **Follow-up Appointment:** [Provider Name/Date/Time]
- **Therapy/Support Groups:** [e.g., Intensive Outpatient Program, AA/NA meetings]
- **Living Arrangement:** [e.g., Home, Sober Living Facility]

**Discharge Instructions:**

[Specific warnings, signs of relapse, or emergency contact procedures].

Sincerely,

[Doctor/Provider Signature]

[Doctor/Provider Name and Title]

[Facility Name]

[Phone Number]