

**Date:** [Insert Date]

**Patient Name:** [Child's Full Name]

**Date of Birth:** [DOB]

**Parent/Guardian:** [Guardian Name]

**Referring Physician:** [Doctor Name]

**Subject: Discharge Summary and Completion of Physical Therapy**

Dear [Doctor Name/Parent Name],

This letter is to formally notify you of the discharge of [Patient Name] from Pediatric Physical Therapy services at [Facility Name], effective [Discharge Date].

**Reason for Discharge:**

[Select one: Goals met / Maximum functional potential reached / Transfer of care / Non-compliance]

**Initial Evaluation Summary:**

[Briefly describe initial diagnosis, motor delays, or injury status at the start of care].

**Progress and Outcomes:**

- **Gross Motor Skills:** [Status of crawling, walking, jumping, etc.]
- **Strength and Range of Motion:** [Improvements noted]
- **Functional Balance:** [Status of stability and coordination]
- **Goal Achievement:** [List specific goals achieved]

**Home Exercise Program (HEP) and Recommendations:**

[Patient Name] has been provided with a final home exercise program. It is recommended that the family continues [specific activities] to maintain current progress. We also suggest [mention any equipment needs or school accommodations].

**Follow-Up Plan:**

No further physical therapy sessions are scheduled at this time. It is recommended that the patient follows up with their pediatrician in [Timeframe].

It has been a pleasure working with [Patient Name] and their family. Please contact our office at [Phone Number] if you have any questions or require further documentation.

Sincerely,

[Physical Therapist Signature]  
[Physical Therapist Name, Credentials]  
[License Number]