

[Facility Name]  
[Address]  
[Phone Number]  
[Email Address]

[Date]

## **RE: Discharge Summary and Step-Down Instructions**

Patient Name: [Patient Full Name]  
Date of Birth: [DOB]  
Date of Admission: [Admission Date]  
Date of Discharge: [Discharge Date]

Dear [Patient Name/Primary Care Provider],

This letter serves as official notification that [Patient Name] has successfully completed the [Current Level of Care, e.g., Residential Treatment] program at [Facility Name]. Based on clinical progress, the patient is being transitioned to a step-down level of care to ensure continued recovery support.

**Discharge Status:** [Successful Completion / Transitioned]

**Transitioning To:** [Next Level of Care, e.g., Intensive Outpatient (IOP) / PHP / Sober Living]

### **Aftercare Plan and Referrals:**

- **Program Name:** [Name of Receiving Facility/Provider]
- **Contact Person:** [Contact Name]
- **Appointment Date/Time:** [Date and Time]
- **Address:** [Facility Address]

### **Medication Management:**

The following medications have been prescribed upon discharge. Please ensure follow-up with a psychiatrist or PCP within [Number] days.

- [Medication Name] - [Dosage/Frequency]
- [Medication Name] - [Dosage/Frequency]

### **Recovery Support Recommendations:**

- Attend [Number] weekly meetings of [AA/NA/SMART Recovery].
- Continue individual therapy sessions once per week.
- Maintain contact with designated sponsor: [Sponsor Name/Phone].

**Crisis Information:**

In the event of a relapse or mental health crisis, please contact the National Suicide and Crisis Lifeline at 988 or proceed to the nearest emergency room.

We commend [Patient Name] for their hard work and commitment to sobriety during their stay with us.

Sincerely,

[Signature]

[Printed Name]

[Title/Credentials]

[Facility Name]