Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Evaluation: [Date of Visit]

To: [Referring Physician Name]
Address: [Clinic/Hospital Address]

RE: Discharge Summary - Parasomnia Clinical Evaluation

Dear Dr. [Physician Last Name],

This letter summarizes the clinical evaluation for [Patient Name], who was seen regarding suspected parasomnia symptoms, including [briefly list symptoms, e.g., sleepwalking, night terrors, or REM behavior].

Clinical Findings:
Based on the clinical history and [Polysomnography/Home Sleep Test] results, the following was observed: [Summarize findings]. The patient's symptoms are consistent with [Specific Diagnosis, e.g., NREM Arousal Disorders].

Interventions and Treatment:
During the evaluation, the following steps were taken:
- Sleep hygiene counseling.
- Safety environment assessment (e.g., floor padding, window locks).
- [Medication prescribed, if any].
- Identification of triggers (e.g., stress, alcohol, sleep deprivation).

Recommendations and Follow-up:
The patient has been discharged from active clinical monitoring with the following plan:
1. Maintain a consistent sleep-wake schedule.
2. Avoid known triggers as discussed.
3. Follow up with [Department/Specialist] in [Timeframe, e.g., 6 months].
4. Return for further evaluation if frequency or severity of events increases.

Thank you for your referral. Please contact my office if you require further information.

Sincerely,

[Your Name, MD/DO]
[Your Title]
[Your Department]