

Date: [Insert Date]

To: [Primary Care Physician Name]

Address: [Clinic/Surgery Address]

RE: Discharge from Palliative Care Pain Clinic

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

NHS/Medical Record Number: [ID Number]

Dear Dr. [GP Last Name],

This letter is to formally notify you that [Patient Name] has been discharged from the Palliative Care Pain Clinic following their review on [Last Appointment Date].

Clinical Summary:

The patient's pain symptoms associated with [Primary Diagnosis] have reached a stable level. After a multidisciplinary review, it was determined that their current analgesic regimen is effective and appropriate for long-term management in a community setting.

Current Medication Regimen:

- **Regular Analgesia:** [Drug Name, Dose, Frequency]
- **Breakthrough Analgesia:** [Drug Name, Dose, Max Frequency]
- **Adjuvant Medications:** [e.g., Gabapentinoids, Laxatives, Anti-emetics]

Management Recommendations:

- Continue current medication dosages as outlined above.
- Monitor for common side effects such as constipation or cognitive changes.
- The community palliative care nursing team will continue to provide [Regular/As-needed] visits.

Follow-up Plan:

The patient is now under the care of the Primary Care team for routine prescribing. Should the patient's pain become refractory or if new complex symptoms emerge, please submit a new referral to our service.

Yours sincerely,

[Signature]

[Clinician Name]

[Title/Position]

[Department Name]