

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

To: [Referring Physician/Primary Care Provider Name]

Subject: Occupational Therapy Discharge Summary

Dear [Physician Name],

Please be advised that [Patient Name] has been discharged from Occupational Therapy services effective [Discharge Date].

Reason for Referral:

[Brief description of initial diagnosis and functional deficits].

Summary of Intervention:

During the course of treatment, the patient participated in [Number] sessions. Interventions focused on [List key areas: e.g., ADL training, upper extremity strengthening, cognitive strategies, or home modifications].

Treatment Outcomes:

The patient has made the following progress:

- **Goal 1:** [Met/Partially Met/Not Met] - [Details]
- **Goal 2:** [Met/Partially Met/Not Met] - [Details]

Status at Discharge:

At the time of discharge, the patient is performing at a [Independent/Modified Independent/Supervised] level regarding [Specific Function].

Reason for Discharge:

[Select one: Goals met / Maximum benefit reached / Patient choice / Change in medical status / Non-compliance].

Recommendations and Follow-up:

The patient has been provided with a Home Exercise Program (HEP). Additional recommendations include: [List equipment or referrals].

Please contact our office at [Phone Number] if you have any questions regarding this discharge.

Sincerely,

[Therapist Signature]

[Therapist Name, Credentials]

[Facility Name]