

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Date of Admission: [Insert Date]

Date of Discharge: [Insert Date]

To: [Referring Physician/Primary Care Provider Name]

Subject: Occupational Therapy Discharge Summary

Dear Dr. [Physician Last Name],

This letter serves to notify you that [Patient Name] has been discharged from Occupational Therapy services. The patient has completed their course of treatment focused on improving functional independence and safety within their living environment.

Reason for Discharge:

[Goal achievement / Transition to next level of care / Maximum functional potential reached]

Functional Status at Discharge:

- **ADLs (Dressing, Hygiene, Toileting):** [Level of Independence]
- **IADLs (Medication Mgt, Meal Prep):** [Level of Independence]
- **Mobility/Transfers:** [Level of Independence]
- **Cognitive/Safety Awareness:** [Current Status]

Summary of Interventions:

During the course of treatment, the patient received therapeutic exercise, activity modification training, fall prevention education, and [mention any adaptive equipment provided].

Discharge Recommendations and Home Program:

- Continue with the prescribed Home Exercise Program (HEP) [Number] times per week.
- Use of adaptive equipment: [List equipment, e.g., shower chair, reacher].
- Safety precautions: [List precautions, e.g., clear floor clutter, use of lighting].
- Follow-up with: [Home Health / Outpatient PT / Specialist].

If you have any questions regarding this patient's progress or discharge plan, please contact our office at [Phone Number].

Sincerely,

[Therapist Signature]

[Therapist Name, Credentials]

[Facility Name]