

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Date of Birth: [Insert DOB]

Case Reference: [Insert Reference Number]

Date of Injury/Illness: [Insert Date]

To: [Insert Recipient Name/Employer/GP]

Subject: Occupational Therapy Discharge Summary - Return to Work

Dear [Insert Name],

This letter serves to formally discharge the above-named patient from Occupational Therapy services effective [Insert Date]. The patient has completed their rehabilitation program focused on returning to vocational duties.

Reason for Referral:

[Insert brief description of injury or condition and original workplace barriers].

Summary of Intervention:

The patient participated in [Number] sessions focusing on [e.g., ergonomic adjustments, functional capacity strengthening, graduated return-to-work planning, or adaptive equipment training].

Current Functional Status:

[Insert details on the patient's current physical/cognitive abilities in relation to their job description].

Return to Work Recommendation:

[Select one]:

- Full clearance for pre-injury duties without restrictions.
- Clearance for modified duties with the following restrictions: [Insert Restrictions].
- Fit for work with a graduated schedule: [Insert Schedule].

Workplace Accommodations:

The following adjustments are recommended to sustain a successful return to work:
[Insert list of equipment or environmental changes].

Discharge Plan:

The patient has been provided with a self-management plan and home exercise program. No further Occupational Therapy intervention is required at this time.

Please contact the undersigned if you require further clarification.

Sincerely,

[Your Name, OT Reg.]

[Your Title/Company]

[Contact Information]