

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Initial Evaluation: [Start Date]

Date of Discharge: [Last Treatment Date]

To Whom It May Concern,

This letter is to certify that [Patient Name] has successfully completed their outpatient occupational therapy program at [Facility Name].

Reason for Referral:

The patient was referred for treatment regarding [Condition/Diagnosis] to address deficits in [List areas, e.g., fine motor skills, ADLs, upper extremity strength].

Summary of Treatment:

During the course of therapy, the patient participated in [Number] sessions. Treatment focused on [Briefly list interventions, e.g., therapeutic exercise, neuromuscular re-education, and adaptive equipment training].

Outcome and Goals:

[Patient Name] has met [all/the majority of] established therapy goals. Specifically, the patient has demonstrated significant improvement in:

- [Achievement 1]
- [Achievement 2]
- [Achievement 3]

Discharge Status:

At the time of discharge, the patient is [functional status, e.g., independent with a home exercise program]. No further formal occupational therapy is indicated at this time.

Recommendations:

[List recommendations, e.g., Continue home exercise program, follow up with primary physician].

Sincerely,

[Therapist Signature]

[Therapist Name, Credentials]

[Facility Name]

[Phone Number]