

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Referring Physician: [Physician Name]

Treatment Period: [Start Date] to [End Date]

RE: Discharge Summary for Cognitive Rehabilitation Therapy

Dear [Recipient Name],

This letter serves as formal notification of discharge from Cognitive Rehabilitation Therapy for [Patient Name].

Reason for Discharge:

[e.g., Goals met, plateau in progress, transition to community services, or patient request.]

Initial Presentation:

At the time of admission, the patient presented with cognitive deficits in the areas of: [e.g., memory, executive functioning, attention, or processing speed] secondary to [Diagnosis].

Summary of Progress:

Throughout the course of treatment, the patient participated in [Number] sessions. Significant progress was noted in the following areas:

- [Goal 1]: [Outcome/Status]
- [Goal 2]: [Outcome/Status]
- [Goal 3]: [Outcome/Status]

Current Functional Status:

The patient is currently able to [List functional improvements, e.g., manage medication independently, use a digital calendar for scheduling, etc.].

Compensatory Strategies Implemented:

The patient has been trained in and is encouraged to continue using:

- [Strategy 1]
- [Strategy 2]

Recommendations and Follow-up:

1. [Recommendation, e.g., Continue home exercise program]
2. [Recommendation, e.g., Follow up with Neurology in 3 months]
3. [Recommendation, e.g., Vocational rehabilitation referral]

Please contact our office at [Phone Number] if you require further information or documentation regarding this case.

Sincerely,

[Your Name, Credentials]
[Your Title]
[Facility Name]