

Date: [Insert Date]

To: [Primary Care Physician Name]

Clinic Name: [Clinic Name]

Address: [Clinic Address]

RE: Post-Hospital Discharge Assessment

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Discharge: [Discharge Date]

Hospitalization Reason: [Reason for Admission/Neurological Event]

Dear Dr. [Physician Last Name],

This letter summarizes the neurological assessment of the above-named patient following their recent hospital discharge.

Clinical Status:

The patient reports [Stable/Improving/Worsening] symptoms since discharge. Current neurological complaints include [List symptoms, e.g., headaches, weakness, cognitive fog].

Physical Examination Findings:

Mental Status: [Alert/Oriented/Deficits noted]

Cranial Nerves: [Intact/Specific deficits]

Motor Strength: [Normal/Description of weakness]

Gait/Coordination: [Steady/Ataxic/Requires assistance]

Medication Updates:

The following changes have been made to the neurological medication regimen:

- Started: [Medication Name, Dosage]

- Discontinued: [Medication Name]

- Continued: [Medication Name]

Diagnostic & Follow-up Plan:

- Scheduled Imaging: [MRI/CT Scan Date]

- Laboratory Tests: [List required blood work]

- Referrals: [Physical Therapy/Occupational Therapy/Speech Therapy]

Assessment & Recommendations:

The patient is currently [stable/recovering] from a neurological standpoint. We recommend [Specific instructions for PCP, e.g., blood pressure monitoring, titration of meds]. The patient will be seen again in our clinic on [Next Appointment Date].

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

Sincerely,

[Doctor Signature]

[Doctor Name, Credentials]

[Department of Neurology]