

Date: [Date]

To: [Recipient Name/Primary Care Physician]

Facility: [Clinic/Organization Name]

Address: [Street Address, City, State, Zip]

RE: Post-Hospitalization Psychiatric Evaluation

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Evaluation: [Date]

Date of Hospital Discharge: [Date]

Dear [Recipient Name],

I am writing to provide a summary of the psychiatric evaluation for the above-named patient following their recent discharge from [Name of Hospital/Facility]. This evaluation was conducted to ensure continuity of care and to monitor the patient's transition back into the community.

1. Mental Status Examination Findings:

[Insert summary of mood, affect, thought process, and safety assessment]

2. Updated Diagnoses:

[Insert ICD-10/DSM-5 Diagnoses]

3. Current Medication Regimen:

[List medication names, dosages, and frequencies]

4. Clinical Progress and Risk Assessment:

At the time of this evaluation, the patient [is/is not] exhibiting signs of acute psychiatric distress. Risk for self-harm or harm to others is currently assessed as [Low/Moderate/High]. The patient [has/has not] been adherent to the discharge plan.

5. Treatment Plan and Recommendations:

- [Specific therapy recommendations]
- [Follow-up appointment frequency]
- [Laboratory monitoring requirements]
- [Social support or vocational interventions]

Please contact my office at [Phone Number] if you require further information or if there are updates regarding the patient's medical status.

Sincerely,

[Signature]

[Your Name, Credentials]

[Your Title]

[Organization Name]