

[Your Name]  
[Your Title/Position]  
[Your Institution/Practice Name]  
[Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]  
Dear [Patient's Name],  
Subject: Occupational Therapy Documentation Summary  
I am writing to provide a summary of your recent occupational therapy sessions and progress.  
Patient: [Patient's Full Name]  
Date of Birth: [DOB]  
Diagnosis: [Diagnosis]  
Summary of Services:  
- Date of Service: [Date]  
- Focus of Therapy: [Focus/Goals]  
- Interventions Used: [Interventions]  
- Progress Observed: [Progress Details]  
Next Steps:  
- Recommended Frequency: [Frequency]  
- Goals for Next Sessions: [Goals]  
Thank you for your commitment to improving your functional abilities.  
Please feel free to reach out if you have any questions.  
Sincerely,  
[Your Name]  
[Your Title/Position]  
[Your Institution/Practice Name]