

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Facility/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Occupational Therapy Treatment Plan for [Patient's Name]

I hope this letter finds you well. I am writing to present a detailed occupational therapy treatment plan for my patient, [Patient's Name], who has been diagnosed with [specific diagnosis or condition]. This plan outlines the goals, interventions, and recommendations necessary for [his/her/their] rehabilitation and enhancement of daily functioning.

****Patient Information:****

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Diagnosis: [Diagnosis]
- Referral Date: [Date of Referral]

****Assessment Summary:****

[Provide a brief summary of the assessment findings, including evaluation results, functional limitations, and strengths.]

****Goals:****

1. Short-Term Goals:

- [Goal 1: Specific, Measurable, Achievable, Relevant, Time-bound (SMART)]
- [Goal 2: SMART]
- [Goal 3: SMART]

2. Long-Term Goals:

- [Goal 1: SMART]
- [Goal 2: SMART]

****Interventions:****

- [List of interventions including activities, modalities, and frequency of therapy sessions. Include rationale for each intervention relevant to the patient's goals.]

- [Intervention 1: Description]
- [Intervention 2: Description]
- [Intervention 3: Description]

****Recommendations:****

- [Recommendations for home exercises, adaptive equipment, or modifications needed in the patient's environment.]

- [Any referrals to other professionals, if necessary.]

****Duration of Treatment:****

- [Expected duration/frequency of therapy sessions and any anticipated changes in the plan.]

****Conclusion:****

This treatment plan is designed to address the immediate and long-term needs of [Patient's Name]. Please feel free to reach out to discuss this plan further or for any additional information.

Thank you for your attention to this matter and your continued collaboration in [Patient's Name]'s care.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Professional License Number]

[Facility/Organization Name if applicable]