

[Your Name]  
[Your Title]  
[Facility/Practice Name]  
[Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]

[Patient's Name]  
[Patient's Address]  
[City, State, Zip Code]

Dear [Patient's Name],

Subject: Discharge Summary from Physical Therapy

I am writing to summarize your progress and formally discharge you from physical therapy services effective [discharge date].

**\*\*Patient Information:\*\***

- Date of Birth: [DOB]
- Diagnosis: [Diagnosis]
- Physical Therapy Treatment Period: [Start Date] to [End Date]

**\*\*Treatment Summary:\*\***

Throughout your course of therapy, you attended [number] sessions focused on [specific goals or areas of treatment]. Your treatment included [list types of treatment: e.g., manual therapy, exercise program, modality use], which contributed to significant progress in the following areas:

- Improvement in range of motion
- Increased strength
- Enhanced functional mobility
- Decreased pain levels

**\*\*Discharge Goals:\*\***

You have successfully met the established goals of therapy, including [list specific goals achieved]. Your [condition or function] has improved to a level that does not require continued therapy at this time.

**\*\*Recommendations for Continued Care:\*\***

To maintain your progress, I recommend the following:

- Continue with a home exercise program [attach or provide details if applicable].
- Follow up with your primary physician or specialist regarding further management of your condition.
- Schedule appointments every [timeframe] for any further evaluations if needed.

Thank you for allowing me to be a part of your recovery process. Should you have any questions or require further assistance, please don't hesitate to reach out.

Wishing you continued health and wellness.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Credentials]  
[Facility/Practice Name]