

[Your Name]  
[Your Title/Position]  
[Your Clinic/Facility 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],

I hope this letter finds you well. I wanted to take a moment to outline the therapy goals we discussed during our recent session. These goals will guide our work together and help track your progress.

**\*\*Therapy Goals:\*\***

1. **\*\*Short-Term Goal 1:\*\*** [Description of the goal, e.g., "Improve range of motion in the right shoulder by 15 degrees within 4 weeks."]
2. **\*\*Short-Term Goal 2:\*\*** [Description of the goal, e.g., "Increase muscle strength in the lower extremities to enhance mobility for daily activities."]
3. **\*\*Long-Term Goal:\*\*** [Description of the goal, e.g., "Achieve independence in completing daily living tasks without assistance within 3 months."]

We will monitor your progress towards these goals regularly and make adjustments as needed to ensure that your therapy is effective and supportive.

Please feel free to reach out if you have any questions or concerns. I look forward to working together toward achieving these goals.

Best regards,

[Your Name]  
[Your Title/Position]  
[Your Clinic/Facility Name]  
[Signature (if sending a hard copy)]