

Discharge Planning Letter

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Room Number: [Insert Room Number]

Attending Physician: [Insert Physician Name]

Dear [Patient/Family Member's Name],

As part of our commitment to providing you with comprehensive care, we have developed a discharge planning process that begins upon your admission to the hospital. This letter outlines the initial plan for your discharge, tailored to meet your individual needs.

Current Status

[Brief description of current medical status and any ongoing treatments]

Discharge Goals

[Outline specific goals for recovery and discharge]

Recommended Follow-Up

[Details on follow-up appointments, home health services, or rehabilitation if necessary]

Medication Instructions

[List of medications to be taken post-discharge, including dosage and schedule]

Support Services

[Information regarding available community resources and support services]

If you have any questions or concerns regarding your discharge plan, please do not hesitate to reach out to your healthcare team.

Sincerely,

[Your Name]

[Your Title]

[Hospital Name]

[Contact Information]