

# Physiotherapy Discharge Summary

**Patient Name:** [Patient Name]

**Date of Birth:** [Date of Birth]

**Patient ID:** [Patient ID]

**Date of Discharge:** [Date of Discharge]

## Summary of Treatment

[Brief summary of treatment received]

## Progress

[Description of progress made during physiotherapy]

## Home Exercise Program

[List of recommended exercises to be continued at home]

## Follow-Up Recommendations

[Any follow-up appointments or additional treatments needed]

## Physiotherapist Details

**Name:** [Physiotherapist Name]

**Contact Number:** [Physiotherapist Contact]

**Clinic Address:** [Clinic Address]

Thank you for trusting us with your care.

[Clinic Name]

[Clinic Contact Information]