

Occupational Therapy Treatment Recommendations

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name, Your Credentials]

Subject: Occupational Therapy Treatment Recommendations for [Client's Name]

Dear [Recipient's Name],

After evaluating [Client's Name] on [Date of Evaluation], I am providing the following occupational therapy treatment recommendations:

Goals

- Goal 1: [Describe specific functional goal]
- Goal 2: [Describe specific functional goal]
- Goal 3: [Describe specific functional goal]

Treatment Strategies

1. [Describe treatment strategy 1]
2. [Describe treatment strategy 2]
3. [Describe treatment strategy 3]

Recommended Frequency

[Specify frequency and duration of therapy sessions]

Equipment Needs

[List any adaptive equipment or resources needed]

It is essential that we monitor [Client's Name] progress towards these goals and adjust the treatment plan as necessary. Please feel free to reach out if you have any questions or need further information.

Thank you for your collaboration.

Sincerely,

[Your Name]

[Your Credentials]

[Your Contact Information]