

Discharge Planning for Patient Mobility

Date: [Insert Date]

To: [Patient's Name]

From: [Healthcare Provider's Name]

Facility: [Name of Hospital/Facility]

Subject: Discharge Planning Focused on Mobility

Dear [Patient's Name],

We are pleased to inform you that your discharge is planned for [Insert Discharge Date]. As part of our commitment to your ongoing recovery, we have put together a discharge plan focused on enhancing your mobility.

1. Mobility Goals

- Increase daily walking duration to [insert duration] minutes.
- Perform strength-building exercises [insert number] times a week.
- Use assistive devices as recommended for safety.

2. Recommended Activities

- Daily walking with a family member or friend.
- Participation in physical therapy sessions [insert frequency].
- Engagement in home exercises prescribed by your therapist.

3. Follow-Up Appointments

Please ensure to schedule follow-up appointments with your healthcare provider to monitor your progress:

- Initial follow-up: [insert date and time]

4. Support and Resources

If you need assistance, please contact the following resources:

- Physical therapy contact: [insert contact information]
- Home health services: [insert contact information]

We appreciate your cooperation during your stay and wish you all the best in your recovery. Feel free to reach out if you have any questions or concerns.

Sincerely,

[Healthcare Provider's Name]

[Title]

[Contact Information]