

**OUTPATIENT DAY PROGRAM - DISCHARGE LETTER**

Dear Dr.

Cc:

Your patient, \_\_\_\_\_, attended the OPDP on \_\_\_\_\_ to \_\_\_\_\_.  
He has been diagnosed with \_\_\_\_\_.

The initial problems identified by the patient, in collaboration with the OPDP team, were:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Interventions by the team included:

- administration of medications \_\_\_\_\_
- education in the following areas
  - \_\_\_ disease process and standard treatments \_\_\_\_\_
  - \_\_\_ medication, specifically \_\_\_\_\_
  - \_\_\_ symptom management, including \_\_\_\_\_
  - \_\_\_ nutrition, regarding \_\_\_\_\_
  - \_\_\_ principles of joint protection / energy conservation for identified functional problems \_\_\_\_\_
  - \_\_\_ posture and positioning in the home and at work \_\_\_\_\_
- counseling on coping skills related to
  - \_\_\_ living with arthritis \_\_\_\_\_
  - \_\_\_ employment \_\_\_\_\_
  - \_\_\_ financial concerns \_\_\_\_\_
  - \_\_\_ stress management \_\_\_\_\_
  - \_\_\_ family issues regarding \_\_\_\_\_
  - \_\_\_ emotional concerns, including \_\_\_\_\_
- sexual counseling \_\_\_\_\_
- home assessment & recommendations \_\_\_\_\_
- recommendations for supportive footwear & provision of orthoses \_\_\_\_\_
- recommendations of adaptive equipment \_\_\_\_\_

provision of an exercise program, specifically:

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physical modalities, including \_\_\_\_\_

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water exercises in the pool \_\_\_\_\_

other

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tour of The Arthritis Society Learning Centre \_\_\_\_\_

referrals to the following community resources

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**Final statement and general comments from final team meeting with patient regarding their perspective on meeting their goals for treatment.**

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**Plan:** \_\_\_\_\_

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**Sincerely,**

**OPDP Team member signatures**