| Rehab and your GP |  |
| --- | --- |

# Notification of discharge

|  |  |
| --- | --- |
| Insert name of your Inpatient Rehabilitation Service hereInsert your Hospital hereInsert your Service’s mailing address here Day Month Year Dr insert GP name’s here Insert GP Practice name here Insert GP Street address hereInsert GP Suburb, State and Postcode hereInsert GP Email address here Dear Dr insert GP’s name here, **Re: Insert Patient’s Name (DOB: Day/Month/Year)**Insert Patient’s Name was recently discharged from insert name of your Inpatient Rehabilitation Service here on the insert discharge date here. Please find a copy of Insert Patient’s Name inpatient rehabilitation discharge summary attached. Discharge information is also included in the Enterprise Discharge Summary (EDS), which can be accessed via the Viewer on the Health Provider Portal and on their My Health Record, unless they have opted out. We have suggested that insert Patient’s Name makes an appointment with you in insert timeframe following hospital discharge. This has been booked on insert date here / is yet to be booked. We ask that you please insert reasons for GP follow up here. Please note, insert Patient’s Name has been referred to the following service provider/s for ongoing intervention:**Service Provider Contact Details**insert Patient’s Name next follow-up appointment with our service is on the insert date here or has been discharged from our service. Please do not hesitate to make contact if you require additional information. Our contact details are below.  Kind regards,Dr insert your name hereInsert your title hereInsert name of your Inpatient Rehabilitation Service hereInsert your Hospital herePh: Insert your Inpatient Rehabilitation Service’s number hereEmail: Insert generic email for your Inpatient Rehabilitation Service here

|  |
| --- |
|  |

 |