**Discharge Visit Template**

@Patient.Home.Clinic.Name}

{@Patient.Home.Clinic.Address}

{@Patient.Home.Clinic.Phone}

{@Date.Long}

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_

Your patient, \_ {@Patient.Full.Name}\_ was seen again today by {@User.FullName} at the St. Joseph's Rapid Access Addiction Medicine (RAAM) clinic.

This patient has been attending our clinic for the initiation of medication-assisted treatment. He/She is now on the following medications:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at a dose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at a dose of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Their alcohol/opioid use has diminished significantly and they are considered to be stable on the above medication and dose.

They can now return to your care for maintenance of their prescription. We generally encourage patients to remain on their anti-craving medication for a minimum of 6 months and possibly for several years, depending on how effectively they are able to attain functional goals for themselves. Psychosocial counselling, groups and/or mutual support settings are believed to improve long-term outcomes in medication-assisted treatment.

Should your patient become unstable again in their substance use, we will be happy to see them for reassessment when indicated.

Please do not hesitate to contact us should you have any questions or concerns.

Sincerely,

\_\_ {@User.Signature}\_\_\_\_, MD