Format for Letter to Physician

Name or business name, staff with professional initials, address, telephone numbers, FAX

*(Create a letterhead or logo)*

*Space down enough to center the body of the letter on the page.*

*Use “Print Preview.”*

*Fit on one page by decreasing font, or adjusting margins.*

*Summarize vital sign responses in a table.*

DATE

INSIDE ADDRESS

Jo Blew, MD

Office

Street

City, State, Zip

RE: PATIENT’S INITIALS, DOB:  *(birth date helps physician and staff positively identify patient*

*and file your letter correctly. For this assignment, approximate it if you don’t know the exact date.)*

Dear Dr. Blew,

Thank you for referring *(patient initials, OR this interesting patient, OR this pleasant gentleperson, etc*.) to us. As you requested (*in your written referral OR in your telephoned request, etc.,)* we completed . . .

*Give a very brief summary of findings.* ***Minimize the abbreviations and jargon*** *you use, remembering that this is an interdisciplinary communication and some abbreviations only make sense to another PT.* ***Focus only on deficits. Be succinct. No need to include normal findings (except for normal CV signs****). You only need to include specifics if they are particularly important, and if they can be expressed in* ***functional terms****, even better. A* ***bulleted list*** *is GREAT! Relate test scores to* ***norms*** *when possible.*

***Create a chart*** *for CV-P responses that includes HR, Rhythm, Resp, breath sounds, RPE, Dyspnea 🡪 corresponding to the activity. Include the denominator for RPE and Dyspnea, as this may be obscure to them otherwise. Point out (****bold****) any unusual CV response.*

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| **Diplomacy**: In a situation where you think the patient needs further medical workup (for example: a worrisome CV response displayed during testing), don’t say: “Patient requires further testing”. Likewise, it is not in our scope of practice to say: “CHF poorly controlled”. Rather, make requests for previous CV test results (whether you know they have been performed or not) that you know will help you to safely titrate your exercises prescription. If CV response was worrisome, request guidelines or precautions to exercise from the physician or cardiologist.  |

***Scenario A****: If the patient has an unusual vital sign response, but* ***no adverse S&S****, include the following:*

1. *“We noted … an elevated resting SBP… in M.”*
2. *“M. denied angina, headache, or blurred vision.”*
3. *“As you are aware, M. is taking \_\_\_\_\_ ,e.g., Atenolol 50mg, etc.”* [Only need to list cardiac meds]
4. *“Please send results of most recent Stress Test”.*
5. *If CHF is diagnosed, or if it is not diagnosed, but you suspect it: “Please send EF results, and NYHA Functional Classification”. The patient may or may not have an official diagnosis of CHF, but by requesting this info, you are telling the physician (between the lines) that you observe s/s that correspond with the appearance of such a diagnosis (peripheral edema, dyspnea, rales).*
6. *If patient has a pacemaker: “Please indicate pacemaker code, or if it is universal / fully automatic*”.

***Scenario B****: If the patient has an unusual vital sign response AND* ***adverse S&S****, include the following:*

1. *“We were concerned about M.’s tolerance of \_\_\_\_\_\_\_\_\_, in particular \_\_\_\_\_\_\_\_\_\_\_\_\_*
2. ***“Please advice on further exercise precautions”***
3. *“As you are aware, M. \_\_\_\_\_ is taking \_\_\_\_\_ ,e.g., Atenolol 50mg, etc.”* [Only need to list cardiac meds]
4. *“Please send results of most recent Stress Test”.*
5. *If CHF is diagnosed, or if it is not diagnosed, but you suspect it: “Please send EF results, and NYHA Functional Classification”. The patient may or may not have an official diagnosis of CHF, but by requesting this info, you are telling the physician (between the lines) that you observe s/s that correspond with the appearance of such a diagnosis (peripheral edema, dyspnea, rales).*
6. *If patient has a pacemaker: “Please indicate pacemaker code, or if it is universal / fully automatic*”.

Again, thank you for referring Mr(s). to us. (*or “this delightful gentleperson”, or something similar)*

Yours truly,

*(Allow spaces for signature)*

Your typed name, SPT

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*Remember: A physician will likely spend about 10 seconds looking at this, so it should meet that test!*

* *Will your letter pass the “10 second test”?*
* *Give it to a non-medical person to read and time it!*
* *Keep narration to a minimum unless something went wrong (adverse patient response) and needs explicit clarification and documentation.*
* *Remember the “3 Bs”:* ***B****rief,* ***B****ullet,* ***B****old*