



DEAR THERAPIST LETTER

Eating Disorder Intensive Outpatient Program (ED-IOP)

Date: _____ Client Name: _____

DOB: _____

Dear _____,

Please find enclosed a Release of Information for _____, who is currently enrolled in the Eating Disorder Intensive Outpatient Program (ED-IOP) at Portland DBT Institute. You are receiving this letter because the patient has indicated their plan to return to outpatient services with you upon discharge from the 16-week ED-IOP.

Timeline for Coordination of Care:

- 2-3 weeks prior to their discharge date, the patient will contact you directly to schedule a check-in meeting for us to finalize their discharge plan. If you are unavailable to meet, the patient will contact you via e-mail.
- I will then follow up to orient you to the treatment and case conceptualization, discuss what has been helpful/unhelpful, and provide recommendations for future treatment.

If you have any questions or concerns regarding this patient's treatment, please do not hesitate to contact Renee McGrath (email: rmcgrath@pdbti.org), who oversees clinic operations for the IOP programs at PDBTI.

ED-IOP Admission Date: _____

Projected End Date: _____

Treatment Plan:

Sincerely,

Therapist Name: _____

Contact Number: _____