

MY CARE PARTNERS EARLY DISCHARGE OR WITHDRAWAL NOTIFICATION EUC PATHWAY

<TodaysDate>

To: My Care Partners Care Enabler
<Practice>swsphnmc 1 Bolger St Campbelltown

Dear Care Enabler,

RE: <PtFullName>
DOB: <PtDoB>
MRN: <PtRecordNo>

This letter is to inform you that <PtFullName> has **<been discharged early> / <withdrawn>** from the My Care Partners program for the following reason:

(highlight the appropriate reason or delete all that do not apply)

- The patient has withdrawn consent to continue in the program
- The patient has changed primary General Practitioners
- The patient has moved out of South Western Sydney Local Health District
- The patient has been transitioned to a residential aged care facility
- The patient is deceased
- Unable to contact
- Not Attending Appointments
- Other _____

< Enter any additional comments here regarding early discharge >

If you would like to discuss further, please contact the practice on: <practice phone>

Yours Sincerely,

<Doctor name>
<Practice>