

# Emergency Department Transfer/Discharge Letter

**Date:** [Insert Date]

**Time:** [Insert Time]

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## Patient Information

**Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Patient ID/MRN:** [ID Number]

**Address:** [Patient Address]

## Provider Information

**Referring Facility:** [Name of Current Hospital]

**Referring Physician:** [Name/Contact]

**Receiving Facility:** [Name of Transfer Hospital]

**Accepting Physician:** [Name of Receiving Doctor]

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## Clinical Summary

### Chief Complaint:

[Brief description of why the patient presented to the ED]

### History of Present Illness:

[Detailed summary of symptoms and events leading to transfer]

### Past Medical History:

[Relevant chronic conditions, allergies, and prior surgeries]

### Physical Exam Findings:

[Vital signs and key examination findings at time of transfer]

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## **Diagnostics and Treatment**

**Laboratory Results:** [Summarize key lab findings]

**Imaging/ECG Results:** [Summarize X-ray, CT, or ECG findings]

**Medications/Interventions Administered:** [List drugs, IV fluids, or procedures performed in ED]

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## **Transfer Plan**

**Working Diagnosis:** [Preliminary Diagnosis]

**Reason for Transfer:** [e.g., Higher level of care, Specialty consult, ICU bed availability]

**Mode of Transport:** [e.g., ALS Ambulance, BLS Ambulance, Air Medical]

**Patient Status at Discharge:** [e.g., Stable, Guarded, Intubated]

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**Signature:** \_\_\_\_\_

**Printed Name:** [Physician/Provider Name]

**Credentials:** [MD/DO/NP/PA]