

Date: [Date]

To: Admissions Coordinator / Palliative Care Team

Facility Name: [Receiving Facility Name]

Address: [Facility Address]

RE: Transfer of Care for [Patient Full Name]

DOB: [Patient Date of Birth]

ID/MRN: [Patient Medical Record Number]

Dear Palliative Care Team,

I am writing to formally request the transfer of the above-named patient from [Primary Care Clinic/Hospital Name] to your facility for inpatient palliative and end-of-life care.

Primary Diagnosis: [Main Terminal Illness]

Secondary Diagnoses: [List relevant comorbidities]

Clinical Summary:

The patient has reached a stage where curative treatment is no longer viable or desired. Recent clinical developments include [mention recent decline, e.g., increased pain, cognitive decline, or organ failure]. The primary goals of care are now focused on comfort, symptom management, and quality of life.

Current Symptom Management:

The patient is currently receiving the following for symptom control:
[List key medications: e.g., Morphine, Midazolam, etc.]

Resuscitation Status (GOC):

[DNR / DNI / Comfort Measures Only]. Formal documentation is attached to this letter.

Social and Family Considerations:

[Mention primary family contact and any specific psychosocial needs].

Enclosed please find the patient's most recent clinical notes, medication administration record (MAR), and signed advanced directives.

Please contact my office at [Phone Number] if you require further information regarding this transfer.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Clinic/Facility Name]
[Contact Information]