

Date: [Date]

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

To: [Receiving Facility/Physician Name]

From: [Clinical Staff Name/Clinic Name]

Subject: Hospice Assessment and Clinical Release

Dear [Contact Person/Provider Name],

This letter confirms that a formal hospice assessment has been completed for the above-named patient. Based on the clinical evaluation, the patient meets the criteria for hospice care and has elected to transition to end-of-life comfort measures.

Assessment Summary:

The patient presents with [Primary Diagnosis/Terminal Illness]. Recent clinical findings indicate a decline in functional status, specifically [Briefly list symptoms or status, e.g., weight loss, decreased mobility, or cognitive decline].

Clinical Release and Transfer of Care:

The patient is hereby released from [Clinic Name] to the care of [Hospice Agency Name]. All primary medical management regarding the terminal diagnosis will now be coordinated through the hospice interdisciplinary team.

Current Medications:

A list of current medications and those prescribed for symptom management at the time of discharge is attached to this document.

Durable Power of Attorney / Advance Directives:

Copies of the patient's Advance Directives and Do Not Resuscitate (DNR) orders are [included/on file].

If you require further clinical documentation or have questions regarding this transition, please contact our office at [Phone Number].

Sincerely,

[Signature]

[Printed Name]

[Title/Credentials]

[Clinic Name]