

Date: [Insert Date]

To: [Receiving Physician/Facility Name]

Department: [Insert Department]

Facility: [Insert Facility Name]

RE: Patient Transfer

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert DOB]

ID Number: [Insert Health ID/MRN]

Dear Colleague,

This letter is to formally transfer the care of the above-mentioned patient for advanced disease palliative management.

Primary Diagnosis:

[Insert Primary Advanced Illness, e.g., Stage IV Lung Cancer, End-Stage Heart Failure]

Clinical Summary:

[Insert brief history of disease progression and current clinical status]

Current Symptoms and Management:

[List symptoms such as pain, dyspnea, or nausea and the current intervention/medication dosages]

Goals of Care and Advance Directives:

The patient and family have been consulted regarding the transition to palliative care. Current status: [e.g., DNR/DNI, Comfort Care Only, or Full Code]. The primary goal is [e.g., symptom control and quality of life].

Social and Psychological Support:

[Note family dynamics, spiritual needs, or home support systems]

Medication List:

[Attach or list all current palliative and maintenance medications]

Please contact me at [Insert Phone Number] or [Insert Email] if you require further clinical details.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Credentials]

[Your Organization]