

Date: [Date]

RE: Discharge Summary and Referral to Hospice Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear [Hospice Intake Coordinator/Physician Name],

This letter serves as the formal discharge summary for the above-named patient from [Clinic Name]. Following a clinical review and discussions with the patient and their family, it has been determined that the patient is eligible for and wishes to transition to hospice care.

Primary Diagnosis: [Main Diagnosis]

Secondary Diagnoses: [List other relevant conditions]

Clinical Summary:

The patient has reached a stage in their illness where curative treatment is no longer the primary goal. The focus of care has transitioned to symptom management, comfort, and quality of life. [Briefly describe recent clinical decline or reason for hospice eligibility].

Current Medications:

[List current medications or attach medication sheet]

Orders for Hospice Transition:

- Discharge from [Clinic Name] effective [Date].
- Referral to [Hospice Agency Name] for [In-home/In-patient] hospice services.
- All existing specialist appointments are hereby cancelled unless otherwise specified.
- Comfort measures and palliative medications are to be managed by the Hospice Medical Director.

Code Status: [DNR/DNI/Full Code/etc.]

We have provided the patient's medical records and recent lab results to your intake department. Please contact our office at [Phone Number] if you require further clinical information.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Clinic Name]