

Date: [Insert Date]

To: [Receiving Facility Name]

Attention: Admissions Department / Nursing Director

Address: [Facility Address]

RE: Transfer and Discharge Summary

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Hospice Admission Date: [Date]

Discharge/Transfer Date: [Date]

To the Care Team,

This letter serves as formal notification of the transfer of the above-named patient from [Current Hospice Agency/Facility Name] to [Receiving Geriatric Facility Name].

Primary Diagnosis: [Insert Primary Diagnosis/Reason for Hospice]

Comorbidities: [Insert Secondary Diagnoses]

Current Status:

The patient is currently [stable/declining] and remains eligible for hospice services under the [Medicare/Private] Hospice Benefit. The goal of care remains comfort and symptom management.

Advanced Directives:

The patient has the following in place: [DNR / DNI / Full Code / Power of Attorney]. Copies are attached to this transfer packet.

Current Medications and Treatments:

Please refer to the attached Medication Administration Record (MAR). Key comfort medications include:

- [Medication Name/Dosage/Frequency]
- [Medication Name/Dosage/Frequency]

Special Care Needs:

[Note any wound care, oxygen requirements, or mobility assistance needed]

Hospice Agency Contact:

The patient will continue to be followed by [Hospice Agency Name]. Please contact the hospice case manager for any acute changes in status or symptom management needs.

Hospice Phone: [Insert Phone Number]

Case Manager: [Insert Name]

Sincerely,

[Your Name/Signature]

[Your Title]

[Organization Name]

Attachments: Discharge Summary, Medication List, Physician Orders, Advanced Directives.