Date: [Date]

To: [Adult Healthcare Provider Name]
Clinic Name: [Clinic Name]
Address: [Clinic Address]

Re: Transition of Care for [Patient Name] (DOB: [Date of Birth])

Dear Dr. [Provider Last Name],

I am writing to formally transition the asthma care of [Patient Name] from my pediatric practice to your adult medical practice. [Patient Name] has reached the age of transition and is prepared to manage their asthma care within an adult healthcare setting.

Diagnosis and History:
[Patient Name] has a diagnosis of [Type of Asthma, e.g., Moderate Persistent Asthma]. Their symptoms are currently [Well-controlled / Partly controlled / Uncontrolled]. Significant triggers include [List triggers, e.g., pollen, exercise, dust].

Current Medications:

- **Controller:** [Medication Name, Dosage, Frequency]
- **Rescue:** [Medication Name, Dosage, Frequency]
- **Other:** [Allergy medications, biologics, etc.]

Hospitalization History:
The patient has had [Number] asthma-related ER visits or hospitalizations in the past two years. The last exacerbation occurred on [Date].

Transition Readiness:
The patient has been educated on:

- Self-administration of inhalers and spacers.
- Understanding their Asthma Action Plan.
- Identifying early warning signs of an attack.
- Scheduling appointments and refilling prescriptions.

Attached you will find the patient's most recent pulmonary function test results, allergy skin testing reports, and current Asthma Action Plan.

Please contact my office at [Phone Number] if you require further clinical details. Thank you for assuming the care of this patient.

Sincerely,

[Pediatrician Signature]
[Pediatrician Name]
[Pediatric Clinic Name]