

[Clinic Name]
[Clinic Address]
[City, State, Zip Code]
[Phone Number]

[Date]

To: [Patient Name or Family of Patient]
Address: [Patient Address]

Subject: Transition to Comfort Care and Support Plan

Dear [Patient Name or Family Name],

This letter provides formal documentation regarding the transition to a comfort-oriented care plan for [Patient Name]. Our primary goal at [Clinic Name] is now focused on ensuring maximum physical comfort, dignity, and emotional support.

Clinical Focus

The medical team will prioritize the management of symptoms such as pain, respiratory distress, and anxiety. We will minimize invasive procedures and diagnostic testing that do not contribute directly to the patient's immediate comfort.

Medication and Nutrition

Medications will be adjusted to focus on palliative benefits. Hydration and nutrition will be provided based on the patient's preferences and tolerance levels, focusing on quality of life.

Support Services

Our multidisciplinary team, including [list roles, e.g., palliative specialists, social workers, and chaplains], is available to assist you with emotional and spiritual support during this time. We are also prepared to coordinate with [Hospice Agency Name, if applicable] to ensure a seamless transition of care.

Communication

We remain committed to open communication. Please contact [Point of Contact Name] at [Phone Number] for any questions regarding the care plan or if there are specific cultural or personal wishes we should observe.

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Clinic Name]