

Date: [Date]

RE: Comprehensive Clinical Care Summary and Transition of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient ID: [ID Number]

Dear [Receiving Provider Name],

This letter serves as a comprehensive clinical summary for the above-named patient, who is transitioning to your care effective [Date].

1. Diagnosis and Medical History

[List primary and secondary diagnoses, relevant surgical history, and chronic conditions]

2. Current Medication Profile

[List all current medications, dosages, and frequencies]

3. Recent Clinical Findings

[Summary of most recent physical exams, laboratory results, and imaging]

4. Treatment Plan and Ongoing Interventions

[Outline current therapeutic goals, active treatments, and scheduled procedures]

5. Specialist Involvement

[List other providers involved in the patient's care and their contact information]

6. Recommendations for Follow-up

[Specific tasks, screenings, or monitoring required in the next 3-6 months]

Attached you will find the patient's full electronic health records. Please contact our office at [Phone Number] if you require further clarification.

Sincerely,

[Your Name]

[Your Title]

[Facility Name]