

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Subject: Acknowledgment of Transition Readiness Assessment

Dear [Patient Name],

This letter is to formally acknowledge that we have received and reviewed your Transition Readiness Assessment completed on [Date of Assessment].

The purpose of this assessment was to evaluate your current skills and knowledge regarding the management of your healthcare as you prepare to transition from pediatric to adult medical care. Based on your responses, we have identified your strengths as well as areas where further education or support may be beneficial.

We have updated your medical record to reflect your current readiness status. Our team is committed to working with you to develop a transition plan that ensures a smooth and successful transfer to adult providers when the time comes.

We will discuss the results of this assessment in more detail during your next scheduled appointment on [Next Appointment Date]. In the meantime, if you have any questions or require additional resources, please contact our office at [Phone Number].

Thank you for your active participation in your healthcare journey.

Sincerely,

[Provider Name/Signature]

[Title/Department]

[Clinic/Hospital Name]