

**Date:** [Date]

**RE: Transfer of Care for [Patient Full Name]**

**Date of Birth:** [Patient DOB]

**To:** [Receiving Provider or Clinic Name]

**Address:** [City, State, Zip Code]

Dear [Provider Name],

The purpose of this letter is to formally transfer the psychiatric care of [Patient Name] to your practice, effective [Date], due to the patient's relocation to [State].

**Diagnosis:**

[ICD-10 Code/Diagnosis 1]

[ICD-10 Code/Diagnosis 2]

**Current Medication Regimen:**

[Medication Name, Dosage, and Frequency]

[Medication Name, Dosage, and Frequency]

**Clinical Summary:**

[Patient Name] has been under my care since [Start Date]. The patient is currently [stable/improving/in crisis] and has been compliant with the current treatment plan. Our last session was held on [Date of Last Appointment].

**Risk Assessment:**

At the time of this transfer, the patient denies suicidal or homicidal ideation. History of [previous attempts/hospitalizations/self-harm], if any, includes: [Details].

**Reason for Transfer:**

Relocation of residence out of state.

I have provided the patient with a 30-day supply of medications to ensure continuity of care during this transition. Please find the attached clinical records and most recent lab results for your review.

If you require further information, please contact my office at [Phone Number] or via email at [Email Address].

Sincerely,

[Your Signature]

[Your Printed Name, Credentials]

[Practice Name]

[NPI Number]