

[Current Date]

[Receiving Physical Therapist Name or Clinic Name]

[Street Address]

[City, State, Zip Code]

RE: Transfer of Care for [Patient Full Name]

Date of Birth: [Patient Date of Birth]

ICD-10 Diagnosis: [Diagnosis Code and Description]

Dear [Provider Name],

This letter is to formally transfer the care of [Patient Name], who is relocating to your area on [Relocation Date]. [Patient Name] has been under my care at [Your Clinic Name] since [Start Date of Treatment] for [Condition/Injury].

Clinical Summary:

The patient presented with [brief description of initial symptoms and functional limitations]. To date, we have completed [Number] sessions focusing on [specific interventions, e.g., manual therapy, therapeutic exercise, gait training].

Current Status:

The patient has shown [Good/Fair/Limited] progress. Current objective findings include:

- Range of Motion: [Details]
- Strength: [Details]
- Functional Status: [Details]

Plan of Care and Goals:

The current goals for this patient are [List 2-3 primary goals]. I recommend continuing therapy at a frequency of [Number] times per week for [Number] weeks, with a focus on [Specific Area of Focus].

Attached to this letter, please find the following documents:

- Initial Evaluation
- Most Recent Progress Note
- Current Home Exercise Program (HEP)

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you have any questions regarding this patient's history or treatment plan.

Sincerely,

[Your Signature]

[Your Printed Name, PT/DPT]

[Your License Number]
[Your Clinic Name]