

Date: [Date]

RE: Transfer of Psychiatric Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Patient Contact: [Phone Number]

To: [Receiving Provider Name/Clinic]

Fax/Address: [Recipient Contact Info]

Dear [Provider Name],

The purpose of this letter is to formally transfer the psychiatric care of the above-named patient to your practice effective [Date]. I have treated this patient from [Start Date] to [End Date] for the following conditions:

- **Primary Diagnosis:** [Diagnosis Name/ICD-10 Code]
- **Secondary Diagnosis:** [Diagnosis Name/ICD-10 Code]

Clinical Summary:

[Brief description of treatment history, therapeutic response, and current mental status].

Current Medication Regimen:

- [Medication Name], [Dosage], [Frequency]
- [Medication Name], [Dosage], [Frequency]

Risk Assessment:

[Notes on history of suicide attempts, violence, or self-harm. State "No acute risk" if applicable].

Pending Issues/Recommendations:

[Mention upcoming lab work, therapy goals, or specific monitoring required].

I have provided the patient with a 30-day supply of medications to ensure continuity during this transition. Relevant clinical records are attached to this correspondence.

Sincerely,

[Your Name/Signature]

[Your Credentials]

[Your Clinic Name]

[Your Phone Number]