

Date: [Date]

From:

[Referring Rheumatologist Name]
[Clinic/Hospital Name]
[Contact Information]

To:

[Receiving Rheumatologist Name]
[Clinic/Hospital Name]
[Address]

RE: Transfer of Rheumatological Care

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
NHS/Medical Record Number: [ID Number]
Patient Address: [Patient Address]

Dear Dr. [Receiving Physician Last Name],

I am writing to formally transfer the rheumatological care of [Patient Name] to your practice, as they are moving to your area.

Primary Diagnosis: [e.g., Rheumatoid Arthritis, SLE, Psoriatic Arthritis]
Date of Diagnosis: [Date]
Disease Status: [e.g., In remission / Low disease activity / Active disease]

Current Treatment Regimen:

- [Drug Name, Dosage, and Frequency]
- [Drug Name, Dosage, and Frequency]

Clinical Summary:

[Brief history of clinical presentation, key laboratory findings such as RF/CCP/ANA status, and imaging results.]

Comorbidities:

[List relevant co-existing conditions]

Previous Therapies Tried:

[List medications ceased due to lack of efficacy or adverse effects]

Plan and Recommendations:

[Pending investigations, next scheduled monitoring, or specific concerns]

I have provided the patient with a summary of this transfer and have enclosed their most recent clinic notes and laboratory results for your review.

Yours sincerely,

[Signature]

[Printed Name]

[Title/Position]