Date: [Date]

To: [Receiving Provider Name / Facility Name]
From: [Sending Provider Name / Facility Name]

Subject: Patient Handoff Letter - Chronic Obstructive Pulmonary Disease (COPD)

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

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1. Diagnosis and Classification

COPD Stage: [e.g., GOLD Stage I-IV / Group A-E]
Primary Symptoms: [e.g., Chronic cough, dyspnea on exertion]
Phenotype: [e.g., Chronic Bronchitis / Emphysema / Asthma-COPD Overlap]

2. Clinical Status

Baseline Lung Function (FEV1/FVC): [Recent Spirometry Values]
Baseline Oxygen Saturation (SpO2): [Value] on [Room Air / Flow Rate]
Exacerbation History: [Number of hospitalizations or steroid bursts in last 12 months]

3. Current Medication Regimen

- **LAMA:** [Medication Name and Dosage]
- **LABA:** [Medication Name and Dosage]
- **ICS:** [Medication Name and Dosage]
- **Rescue Inhaler:** [Medication Name and Dosage]
- **Other:** [e.g., Roflumilast, Azithromycin prophylaxis]

4. Oxygen and Equipment

Long-Term Oxygen Therapy (LTOT): [Yes/No] - [Liters per minute] via [Cannula/Mask]
BiPAP/CPAP Settings: [Settings if applicable]
Nebulizer: [Frequency and Medications]

5. Most Recent Acute Episode

Date of Episode: [Date]
Treatment Provided: [e.g., Steroids, Antibiotics, Ventilation Support]
Status at Discharge: [Stable/Improving]

6. Plan and Recommendations

Pulmonary Rehab: [Enrolled/Completed/Recommended]
Vaccination Status: [Flu, Pneumococcal, COVID-19]
Follow-up Tasks: [e.g., Repeat PFTs in 3 months, Smoking cessation counseling]

Provider Signature: _____

Contact Information: [Phone Number / Email]