Date: [Date]

RE: Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Patient Phone: [Phone Number]

To: [Receiving Provider/Clinic Name]
Fax/Email: [Contact Information]

Dear [Provider Name],

I am writing to formally transfer the psychiatric care of the above-named patient to your practice, effective [Transfer Date]. The patient is aware of this transfer and has consented to the release of their records.

Diagnosis:

- [Primary Diagnosis Code and Description]
- [Secondary Diagnosis]

Current Medication Regimen:

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

Clinical Summary:
[Brief summary of treatment history, therapeutic response, and current mental status.]

Risk Assessment:
[Safety concerns, history of self-harm, or recent hospitalizations.]

Outstanding Issues/Recommendations:
[Follow-up labs needed, pending referrals, or specific therapy goals.]

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 notes and most recent lab results for your review.

If you require further information, please contact my office at [Your Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name and Credentials]
[Your Practice Name]