Date: [Date]

RE: Transfer of Care for [Patient Name]
Date of Birth: [Patient DOB]

To: [Receiving Provider/Facility Name]
Attention: [Contact Person]
Address: [Provider Address]

Dear [Recipient Name],

This letter serves as a formal transfer of care for [Patient Name], who has been participating in our Intensive Outpatient Program (IOP) at [Your Facility Name] since [Admission Date]. The patient is scheduled to transition to your care effective [Transfer Date].

Current Diagnoses:
[Diagnosis 1]
[Diagnosis 2]

Treatment Summary:
During their time in our program, the patient attended [Number] sessions per week focusing on [List Core Interventions, e.g., CBT, DBT, Group Therapy]. The patient has made the following progress: [Brief Summary of Progress].

Current Medications:
[List Medication, Dosage, and Frequency or state "None"]

Risk Assessment:
At the time of transfer, the patient is assessed as [Stable/Low Risk/etc.]. There have been [No / Recent] instances of self-harm or suicidal ideation during the program.

Recommended Continued Care Plan:
We recommend the following follow-up care to maintain clinical stability:
- [Recommendation 1]
- [Recommendation 2]

Enclosed/Attached are the discharge summary and recent progress notes. Please contact us at [Your Phone Number] or [Your Email] if you require further clinical information.

Sincerely,

[Your Signature]
[Your Printed Name and Credentials]
[Your Title]
[Your Facility Name]