Date: [Date]

RE: Patient Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Relocation Date: [Date of Move]

To [New Provider Name or Facility],

This letter serves as a formal transfer of mental health care for the above-named patient due to their relocation to [New City/State]. The patient has been under my care from [Start Date] to [End Date] for the management of [Diagnosis/Condition].

Clinical Summary:
[Brief overview of treatment history and current mental status.]

Current Medications:
[List medication name, dosage, and frequency.]

Risk Assessment:
[Note any history of self-harm, hospitalization, or safety concerns.]

Treatment Recommendations:
[Suggested frequency of therapy or medication management sessions.]

The patient has been provided with a [30/60/90]-day supply of medications to ensure continuity during this transition. Relevant clinical records and diagnostic reports are attached to this letter.

Please contact my office at [Phone Number] or [Email Address] if you require further clarification regarding this patient's history or treatment plan.

Sincerely,

[Signature]
[Provider Name, Credentials]
[Practice Name]
[Phone Number]