Date: [Date]

To: [Receiving Residential Facility Name]
Attention: Admissions Department / Clinical Director
Address: [Facility Address]

RE: Transfer of Care

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Admission Date (Acute): [Date]
Discharge Date (to Residential): [Date]

To the Clinical Team,

This letter serves to formally transfer the above-named patient from [Acute Care Facility Name] to your residential treatment program for continued psychiatric stabilization and therapeutic intervention.

Reason for Transfer:
The patient has completed acute stabilization for [Primary Diagnosis/Symptoms]. While no longer requiring inpatient hospitalization, the patient requires a structured residential environment to address [Specific Goals, e.g., medication management, trauma processing, or behavioral regulation].

Clinical Summary:
During this acute stay, the patient was treated for [Brief Description of Acute Episode]. Current mental status is [Stable/Guarded/Improving]. Risk assessment at time of discharge indicates [Description of Safety Status].

Current Medications:
[List medication names, dosages, and frequencies]

Pending Lab Results/Medical Concerns:
[List any outstanding issues or "None"]

Recommended Follow-up Care:
[Specific recommendations for residential phase]

Attached please find the Discharge Summary, History and Physical, and current Medication Administration Record (MAR).

Sincerely,

[Signature]
[Printed Name and Credentials]

[Title]
[Contact Phone Number]