Date: [Date]

To: [Receiving Provider/Clinic Name]
Address: [Receiving Clinic Address]
Phone: [Receiving Clinic Phone Number]

RE: [Patient Full Name]
Date of Birth: [Patient DOB]
Patient ID: [Internal ID Number]

Dear [Clinician Name or Intake Coordinator],

This letter is to formally transfer the mental health care of the above-named patient from [Your Clinic Name] to your facility, effective [Date]. This transfer is occurring due to [Reason: e.g., patient relocation, specialist requirements, insurance change].

Current Diagnoses:
[List ICD-10 or DSM-5 codes and descriptions]

Current Treatment Summary:
The patient has been receiving [Type of Therapy/Service] since [Start Date]. Recent progress includes [Brief Summary]. The patient is currently [stable/at-risk/improving].

Current Medications:
[Medication Name, Dosage, and Frequency]

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

Attached Documentation:
- Most recent Intake Assessment
- Last 3 Progress Notes
- Current Treatment Plan
- Signed Release of Information (ROI)

Please contact our office at [Your Phone Number] if you require additional information to ensure a seamless transition of care. The patient's final appointment with our clinic is scheduled for [Date].

Sincerely,

[Your Signature]
[Your Printed Name and Credentials]
[Your Job Title]
[Your Clinic Name]