

Date: [Date]

From:

[Referring Physician Name]
[Referring Oncology Clinic Name]
[Phone Number]
[Email Address]

To:

[Receiving Palliative Care Physician/Clinic Name]
[Facility Name]
[Address]

RE: Patient Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Dear [Receiving Physician Name],

I am writing to formally transfer the palliative management of the above-named patient to your care, effective [Date].

Primary Diagnosis:

[Type and Stage of Cancer, including Date of Diagnosis]

Clinical Summary:

[Brief summary of oncological treatments received: chemotherapy, radiation, or surgery. Include current disease status and reason for transition to palliative focus.]

Current Symptom Profile:

[List primary concerns: e.g., pain management, dyspnea, nausea, or psychological distress.]

Medications:

[List current analgesics, adjuvant medications, and dosages.]

Advance Care Planning:

[Status of DNR/DNI orders, Healthcare Proxy, and patient/family understanding of prognosis.]

Attached are the most recent oncology notes, imaging reports, and current medication list. I will remain available for oncology-specific consultations as needed.

Thank you for your collaboration in providing comprehensive care for this patient.

Sincerely,

[Signature]

[Printed Name and Title]