

Date: [Date]

To: [Facility Name / Admissions Coordinator]

Address: [Facility Address]

Phone/Fax: [Facility Contact Info]

RE: Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Effective Date of Transfer: [Date]

Dear Administrator/Nursing Director,

This letter serves as a formal transfer of care for the above-named patient, who is transitioning to your assisted living facility. I have served as their Primary Care Provider and have included the necessary clinical documentation to ensure a safe transition.

Medical Diagnoses:

[List Primary Diagnoses, e.g., Hypertension, Type 2 Diabetes, Mild Cognitive Impairment]

Current Medications:

[List All Medications with Dosage and Frequency or Attach Medication Administration Record]

Allergies:

[List Allergies or State "No Known Drug Allergies"]

Functional Status & Special Instructions:

[Note Diet, Mobility Assistance, or Mental Health Needs]

Code Status: [Full Code / DNR / DNI]

I have attached the following documents for your records:

- Recent History and Physical (H&P)
- Current Medication List
- Latest Laboratory Results
- Immunization Record
- TB Screening Results

Please contact my office at [Phone Number] if you require further clarification or additional documentation regarding this patient's care plan.

Sincerely,

[Provider Signature]

[Provider Name, Title]

[Practice Name]

[Phone Number]

[Fax Number]