

Date: [Date]

RE: patient Handoff and Transfer of Care

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

To [Receiving Physician Name/Clinic Name],

This letter serves as a formal clinical handoff for [Patient Name], who is relocating to [City/State] on [Date]. I have served as their primary care provider since [Year].

Current Diagnoses:

- [Diagnosis 1]
- [Diagnosis 2]
- [Diagnosis 3]

Medication List:

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

Allergies: [List Allergies or NKDA]

Cognitive and Functional Status:

[Notes on MMSE/MoCA scores, mobility aids, or assistance needed for Activities of Daily Living].

Recent Labs and Diagnostic Tests:

[Summary of last blood work, imaging, or relevant screenings].

Pending Issues and Follow-up:

[List any upcoming appointments, outstanding referrals, or monitoring requirements].

Advance Directives:

[Specify if DNR/DNI/POLST or Power of Attorney is on file].

Full medical records are attached to this correspondence. Please contact our office at [Phone Number] if you require further clarification.

Sincerely,

[Doctor Name, Title]
[Clinic Name]
[Contact Information]