Date: [Date]

RE: Transfer of Care for [Patient Name]
Date of Birth: [DOB]
ID Number: [ID Number]

To [Receiving Clinician/Facility Name],

This letter serves as formal notification of the transfer of care for the above-named patient from [Sending Facility Name] to [Receiving Facility Name], effective [Effective Date].

Primary Mental Health Diagnosis: [Diagnosis Name/ICD Code]
Primary Substance Use Diagnosis: [Diagnosis Name/ICD Code]

Clinical Summary:
The patient has completed [Number] days of treatment at the [Current Level of Care] level. During this period, the patient has shown [briefly describe progress or status]. Current risk assessment indicates [describe safety status].

Current Medications:

- [Medication Name, Dosage, and Frequency]
- [Medication Name, Dosage, and Frequency]

Outstanding Clinical Needs:
Upon transfer, the patient requires continued monitoring for [specific symptoms/withdrawal risks] and ongoing therapeutic support for [specific behavioral goals].

Transfer Documentation Attached:

- Discharge Summary
- Psychiatric Evaluation
- Current Treatment Plan
- Recent Lab Results

Please contact us at [Phone Number] or [Email Address] if you require additional information regarding this transition.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Credentials]
[Sending Facility Name]