Date: [Date]

RE: Transfer of Care for [Patient Full Name]
Date of Birth: [DOB]
Admission Date: [Date]
Discharge/Transfer Date: [Date]

To [Receiving Facility Name/Provider Name],

This letter serves as a formal transfer of care for the above-named patient from [Current Facility Name] to your facility/care. The patient has been receiving residential treatment for [Diagnoses, e.g., Substance Use Disorder, Dual Diagnosis].

Clinical Summary:
During their stay, the patient completed [Number] days of treatment. Progress included [Brief summary of milestones or stabilization].

Current Medications:

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

Risk Assessment:
At the time of transfer, the patient is: [Stable/Medically Cleared/Requires Monitoring].
Suicidal/Homicidal Ideation: [None/Specific Safety Plan Attached].

Recommended Aftercare Plan:

- Level of Care: [e.g., PHP, IOP, Outpatient]
- Follow-up Appointments: [Date/Time with Provider Name]
- Support Groups: [e.g., AA/NA, SMART Recovery]

The patient's full clinical records, including the most recent biopsychosocial assessment and discharge summary, are attached to this transfer.

Please contact us at [Phone Number] if you require further information.

Sincerely,

[Your Name/Signature]
[Your Title]
[Facility Name]