Date: [Date]

RE: Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
ID Number: [Patient ID, if applicable]

To [Receiving Provider/Facility Name],

This letter serves as a formal transfer of care for the above-named patient, who is being transitioned from the Intensive Outpatient Program (IOP) at [Your Facility Name].

Treatment Summary:
The patient was enrolled in our IOP from [Start Date] to [End Date]. During this period, the patient participated in [Number] hours of group and individual therapy per week, focusing on [List Primary Diagnoses/Issues].

Current Status and Progress:
[Brief description of progress made, clinical milestones, and current mental/physical status].

Medications:
[List current medications and dosages, or state "None"].

Recommended Aftercare Plan:
The patient is being referred to your care for [e.g., Outpatient Therapy, Medication Management, or Lower Level of Care]. We recommend the following frequency of contact: [e.g., Weekly/Bi-weekly].

Risk Assessment:
At the time of transfer, the patient is assessed as [Stable/Low Risk/etc.]. There [are/are no] current reports of suicidal or homicidal ideation.

Please find the attached clinical summaries and discharge paperwork for your records. If you require further information, please contact us at [Phone Number].

Sincerely,

[Signature]
[Printed Name and Credentials]
[Title]
[Facility Name]