Date: [Date]

From:
[Sending Clinician/Facility Name]
[Address]
[Phone Number]

To:
[Receiving Facility/Provider Name]
[Address]
[Phone Number]

RE: Transfer of Care
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Admission Date: [Original Admission Date]

Dear Admissions Department,

This letter serves as a formal transfer of care for the above-named patient, who has requested a voluntary admission to your facility for substance abuse treatment. The patient is medically stable for transport and has consented to this transfer.

Diagnosis and History:
[Primary Substance Dependency]
[Relevant Secondary Diagnoses/Co-occurring Disorders]
[Brief Summary of Recent Treatment/Interventions]

Current Medications:
[List Medications, Dosages, and Frequency]

Last Dose Administered:
[Medication Name]: [Time/Date]
[Medication Name]: [Time/Date]

Risk Assessment:
[Suicide/Self-Harm Risk Status]
[Withdrawal Severity/CIWA or COWS Scores]

Reason for Transfer:
[Reason, e.g., Request for higher level of care, specialized programming, or geographic preference].

Enclosed please find the patient's clinical records, laboratory results, and signed release of information forms. Please contact [Contact Name] at [Phone Number] if you require further clinical information.

Sincerely,

[Signature]

[Printed Name and Title]
[Facility Name]