

Date: [Date]

To: Admissions Department

Facility Name: [Receiving Facility Name]

Address: [Facility Address]

RE: Patient Transfer Letter

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Date of Stroke: [Date of Incident]

Type of Stroke: [Ischemic / Hemorrhagic]

Dear Admissions Team,

This letter is to formally transfer the above-named patient into your care for intensive post-stroke rehabilitation. The patient has been stabilized following acute treatment at [Sending Hospital Name].

Clinical Summary:

The patient presented with [brief description of deficits, e.g., left-sided hemiplegia, aphasia, dysphagia]. Brain imaging confirmed [details of infarct/hemorrhage location]. Acute interventions included [tPA / Thrombectomy / Surgery / Medical Management].

Current Status:

The patient is currently medically stable. Current functional status includes:

- **Mobility:** [e.g., Requires assist of 2 for transfers]
- **Communication:** [e.g., Expressive aphasia]
- **Nutrition:** [e.g., Modified diet / NG tube]
- **Cognition:** [e.g., Alert but easily fatigued]

Goals for Rehabilitation:

The primary goals for this admission are to improve [motor function, speech, activities of daily living] and to develop a safe discharge plan for home.

Enclosed Documentation:

Please find the attached discharge summary, current medication administration record (MAR), physical/occupational therapy evaluations, and recent imaging reports.

Please contact me at [Phone Number] or [Email] if you require further clinical details.

Sincerely,

[Signature]

[Doctor's Name, MD/DO]

[Department/Unit]
[Sending Hospital Name]