

Date: [Insert Date]

To: [Specialist Name/Department Name]

Facility: [Specialist Hospital/Clinic Name]

RE: EMERGENCY MEDICAL HISTORY TRANSFER

Patient Name: [Full Name]

Date of Birth: [DD/MM/YYYY]

Patient ID/MRN: [Insert Number]

Dear [Specialist Name or "Medical Review Team"],

This letter serves as a formal transfer of medical history for the above-named patient, who requires urgent specialist review following an emergency admission on [Date] for [Brief Reason for Emergency, e.g., Acute Cardiac Event].

Clinical Summary:

[Provide a brief summary of the acute presentation and current clinical status.]

Primary Diagnosis:

[Insert Primary Diagnosis]

Current Medications & Stabilizing Treatments:

[List medications, dosages, and emergency interventions administered.]

Relevant Past Medical History:

- [History Item 1]
- [History Item 2]
- [Known Allergies]

Diagnostic Results Attached:

[List attached files, e.g., ECG, Imaging, Labs]

Urgency Level: [Emergency / Urgent / Routine]

Please contact our department immediately at [Phone Number] if further clarification or immediate verbal handover is required.

Sincerely,

[Your Name/Doctor Name]

[Title/Position]

[Facility Name]

[Contact Information]