**Date:** [Insert Date]

**From:**
[Sending Therapist Name]
[Sending Clinic Name]
[Address]
[Phone Number]

**To:**
[Receiving Clinician/Clinic Name]
[Address]
[Phone Number]

**Subject:** Transfer of Physical Therapy Records - [Patient Full Name]

Dear [Name of Receiving Clinician],

This letter is to formally transfer the care and medical records of **[Patient Full Name]** (DOB: [Patient Date of Birth]) to your facility, effective [Transfer Date].

**Clinical Summary:**

- **Diagnosis:** [Primary Diagnosis/ICD-10 Code]
- **Date of Initial Evaluation:** [Date]
- **Total Sessions Completed:** [Number]
- **Current Functional Status:** [Brief summary of mobility and strength]

**Reason for Transfer:**
[e.g., Patient relocation, specialized equipment needs, or patient preference]

**Attached Documentation:**
The following records are enclosed for your review:
- Initial Evaluation and Plan of Care
- Most recent Progress Note/Re-evaluation
- Discharge Summary (if applicable)
- Home Exercise Program (HEP)
- Relevant Imaging or Operative Reports

The patient's next scheduled or recommended session is [Date/Time]. Please contact our office if you require any further clarification regarding this patient's history or treatment plan.

Sincerely,

[Signature]
[Printed Name and Credentials]
[License Number]