

Sample Transfer Letter

[Date]

Dear [Adult Clinician Name],

[Name] is a(n) [age] year-old patient of our pediatric practice who will be transferring to your care. Their primary chronic condition is [condition], and their secondary conditions are [conditions]. [Name's] related medications and specialists are outlined in the enclosed transfer package that includes their medical summary and emergency care plan, plan of care, and final transition readiness assessment. [Name] acts as their own guardian and is currently insured under [insurance plan].

The needed next steps in [Name's] plan of care are _____. [Name] would like you to know the following non-medical information about them: _____.

I have had [Name] as a patient since [age] and am very familiar with their health condition, medical history, and specialists. Our practice will provide care for them, such as refilling medications, until they come to the first visit in your practice. Please send us a note or call when [Name] has attended their first appointment in your practice. I would be happy to provide any consultation assistance to you during the initial phases of [Name's] transition to your practice. Please do not hesitate to contact me by phone or email if you have any questions.

Thank you very much for your willingness to care for [Name].

Sincerely,

Pediatric Clinician Name

Email

Phone