

TRANSFER LETTER SAMPLE

YOUNG ADULTS WITH NEUROLOGIC DISORDERS

[ADULT PROVIDER NAME]

[ADDRESS]

[ADDRESS]

[CITY, STATE, ZIP]

Dear *Adult Provider*,

Name is an *age* year-old patient of our practice who will be transferring to your care on *date*. The patient's primary chronic condition is *condition*, and secondary conditions include *conditions*. The following are included in the *Transfer Package*:

1. Medical summary and emergency care plan
2. Medications
3. Specialists
4. Transition readiness assessment.
5. Legal status: The patient *acts/cannot act* as their own guardian.

I am very familiar with this patient's health condition. I would be happy to provide any consultation assistance to you during the initial phases of transition to adult health care. Please do not hesitate to contact me by phone or email if you have further questions.

Thank you very much for your willingness to assume the care.

Sincerely,

[PEDIATRIC PROVIDER NAME]