



Sample Transfer Letter

Six Core Elements of Health Care Transition 2.0

Dear Adult Provider,

Name is an age year-old patient of our pediatric practice who will be transferring to your care on date of this year. His or her primary chronic condition is condition, and his or her secondary conditions are conditions. Name's related medications and specialists are outlined in the enclosed transfer package that includes his or her medical summary and emergency care plan, plan of care, and transition readiness assessment. Name acts as his or her own guardian, and is insured under insurance plan until age age.

I have had name as a patient since age and am very familiar with his or her health condition, medical history, and specialists. I would be happy to provide any consultation assistance to you during the initial phases of name's 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 of this young man or woman.

Sincerely,