



St. Jude Affiliate Clinic at Novant Health Hemby Children's Hospital Transition Letter

Dear Dr. _____,

(Name) is an (age) year-old patient here at the St. Jude Affiliate Clinic and 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). All related medications, specialists, medical summary, emergency care plan, updated plan of care and transition readiness assessment are enclosed in the transfer package.

(Name) has been 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 provide ongoing care for (man or woman).

Sincerely,

_____, MD

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