



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,