

Mental Health Treatment Transfer Recommendation

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Email: [Recipient's Email]

Dear [Recipient's Name],

I am writing to recommend a transfer of care for [Patient's Name], who has been under my treatment for [duration] for [specific mental health condition]. Given the current assessment of [his/her/their] mental health needs, I believe a transfer to [New Provider's Name or Facility] would be beneficial.

During [his/her/their] time in my care, [Patient's Name] has shown progress in [specific areas], but continues to require specialized support in [specific areas needing improvement]. I am confident that [New Provider's Name] possesses the resources and expertise to further assist [Patient's Name].

Please find attached the necessary documents regarding [Patient's Name]'s treatment history, including case notes and relevant assessments. I am happy to discuss this transfer further and address any questions you may have.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]