

# Previous Diagnoses Overview

To Whom It May Concern,

This letter serves to provide an overview of the previous diagnoses for **[Patient's Name]**, who is transitioning to a new healthcare provider.

## Patient Information

- **Patient ID:** [Patient ID]
- **Date of Birth:** [DOB]
- **Previous Healthcare Provider:** [Provider's Name]

## Previous Diagnoses

- **Date:** [Date of Diagnosis 1] - **Diagnosis:** [Diagnosis 1]
- **Date:** [Date of Diagnosis 2] - **Diagnosis:** [Diagnosis 2]
- **Date:** [Date of Diagnosis 3] - **Diagnosis:** [Diagnosis 3]

## Treatment History

[Brief description of treatments provided and any ongoing treatment plans]

## Additional Notes

[Any other relevant information related to the patient's health and care]

Thank you for your attention to this matter. Should you require any further information, please do not hesitate to contact me at [Your Contact Information].

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]  
[Contact Information]