

Hospice Care Services Referral

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Facility/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally refer [Patient's Name], a [age]-year-old [gender] diagnosed with [medical condition] for hospice care services. After careful evaluation and discussions with the patient's family, it has become apparent that a transition to hospice care would provide the most appropriate support and comfort during this stage of their illness.

Patient Details:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Diagnosis: [Diagnosis]
- Current Medical Conditions: [List of conditions]
- Medications: [List of medications]

The family has expressed their wish to prioritize quality of life and comfort measures. I believe that your hospice care team will be instrumental in providing the compassionate care that [Patient's Name] requires.

Please feel free to reach out for any further information or to discuss this referral. I can be reached at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter. I appreciate your collaboration in providing care for our mutual patient.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Organization Name]

[Your Phone Number]

[Your Email Address]