



Transfer Letter
to Adult Rheumatologist

[Adult Rheumatology Provider Name, Address]

RE:

[Name]

[DOB]

[Address]

[Phone]

Dear [Adult Provider],

[Name] is an [age] year old patient followed in our pediatric rheumatology practice who will be transferring to your care. This patient's first appointment with you is scheduled on [date]. [His or her] primary rheumatologic diagnosis is [diagnosis] and other important medical concerns include [list concerns]. You also may want to know that [insert interesting personal detail to help adult rheumatologist engage with young adult]. Enclosed please find a medical summary and other pertinent records.

I have followed [name] as a patient since age [age] and am very familiar with [his or her] rheumatologic history. I am happy to provide you with any consultation assistance during the initial phases of [name's] transfer to adult care. Please do not hesitate to contact me by calling [phone] if you have further questions.

Anticipated complexity of this transfer to adult care:

- Low complexity
- Moderate complexity, specific concerns: _____
- High complexity, specific concerns: _____

This transfer package includes:

- Transfer letter
- Medical summary
- Guardianship or health proxy documents if indicated
- Fact sheet about condition
- Additional records

Thank you very much for your willingness to assume the care of [name].

Sincerely,

[Pediatric Rheumatology Provider]

AMERICAN COLLEGE
of RHEUMATOLOGY
Empowering Rheumatology Professionals

