

SAMPLE LETTER #1

(Letterhead)

Date

XYZ Hospital
Social Services Department
Address

Dear Social Services:

_____ (Patient Name) was admitted to your facility on _____ (date). He/she is currently an active patient with _____ (Agency Name), under the care of Dr. _____. With the patient's consent, it is our intention to continue to provide such care as may be needed when the patient is discharged.

Please contact our office at the above number prior to the patient being discharged so we can make the necessary arrangements for home care.

Thank you for your assistance.

Sincerely yours,

_____, Administrator

SAMPLE LETTER #2

(Letterhead)

Date

TO: Discharge Planning Department
FACILITY: _____

RE: PATIENT: _____
PHYSICIAN: _____

Please be advised that the above referenced patient has been provided care by the XYZ Home Health Agency for the period of _____ through _____.

If we can provide any pertinent information regarding medical care provided in the home that would assist with continuity of care, please contact us.

When plans are completed for discharge from the hospital, please notify our Intake Department at (phone number) and forward the necessary information/orders to XYZ Home Health Agency.

We appreciate your consideration and cooperation in this matter.

