

# Mental Health Referral for Depression Evaluation

Date: [Insert Date]

To: [Insert Therapist/Psychiatrist Name]

[Insert Therapist/Psychiatrist Address]

[City, State, Zip Code]

Dear [Therapist/Psychiatrist Name],

I am writing to refer my patient, [Patient's Full Name], for an evaluation regarding their depressive symptoms. The patient has been experiencing persistent feelings of sadness, loss of interest in activities, and difficulty concentrating.

During our sessions, [he/she/they] has expressed feelings of hopelessness and has shown signs of withdrawal from social interactions. I believe a comprehensive evaluation would be beneficial for [Patient's First Name] to assess the severity of their condition and to determine an appropriate treatment plan.

Please find attached any relevant medical history and previous assessments that may assist you in your evaluation.

Thank you for your attention to this matter. I look forward to your insights and recommendations.

Sincerely,

[Your Full Name]

[Your Credentials]

[Your Contact Information]

[Your Practice Name]