

# Mental Health Referral for Geriatric Services

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Full Name], a [Patient's Age]-year-old [gender] who resides at [Patient's Address]. [Patient's First Name] has been experiencing significant mental health challenges that require specialized geriatric mental health services.

Clinical Details:

- **Diagnosis:** [Insert diagnosis]
- **Symptoms:** [Brief description of symptoms]
- **Medical History:** [Relevant medical history]
- **Current Medications:** [List of medications]

Your expertise in geriatric mental health is invaluable, and I believe that [Patient's First Name] would benefit greatly from your assessment and treatment. Please find the attached medical records for further information.

Thank you for your attention to this referral. Please feel free to contact me at [Your Phone Number] or [Your Email] for any further information or clarification.

Sincerely,

[Your Full Name]

[Your Title]

[Your Organization]

[Your Contact Information]