

Mental Health Referral Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Name], born on [Patient's DOB], for specialized treatment for Post-Traumatic Stress Disorder (PTSD). [Patient's Name] has been under my care since [Start Date of Care] and has exhibited symptoms including but not limited to: intrusive memories, severe anxiety, and emotional distress related to [Specific Trauma/Event].

Despite my efforts to provide initial support and interventions, I believe that [Patient's Name] would greatly benefit from a comprehensive evaluation and targeted therapeutic approach in a specialized facility experienced in handling PTSD cases.

Attached are [Patient's Name]'s relevant medical records and assessments for your review. I recommend a thorough assessment at your earliest convenience to develop an appropriate treatment plan.

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

Sincerely,

[Your Name]
[Your Title]
[Your Institution]
[Your Address]
[Your Phone Number]
[Your Email]