

# Referral for Adult Speech Therapy

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Full Name], for evaluation and treatment in adult speech therapy. [He/She/They] has been experiencing challenges related to [briefly describe the speech, language, or swallowing issues, e.g., aphasia, dysarthria, voice disorders, etc.], which have impacted [his/her/their] daily communication and overall quality of life.

Patient History:

- Age: [Patient's Age]
- Diagnosis: [Relevant Diagnosis or Condition]
- Relevant Medical History: [Summarize Any Important Medical History]

During my interactions with [Patient's Name], it has become increasingly evident that [he/she/they] would significantly benefit from specialized speech therapy to address these challenges. I believe that a comprehensive assessment and tailored therapeutic interventions will help improve [his/her/their] communicative abilities.

Please do not hesitate to contact me if you require further information regarding [Patient's Name]'s condition or history.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Clinic/Practice Name]

[Contact Information]