

# Referral for Cognitive-Communication Therapy

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Full Name], to your clinic for cognitive-communication therapy. [He/She/They] has been experiencing [brief description of the communication issues, e.g., difficulties in expressing thoughts, understanding spoken language, etc.], which I believe would benefit from your specialized services.

Background Information:

- **Patient's Date of Birth:** [Insert DOB]
- **Diagnosis:** [Insert Diagnosis]
- **Relevant Medical History:** [Insert relevant history]

Based on my assessment, I recommend cognitive-communication therapy to address [specific areas of concern]. I believe that your expertise in this field will greatly assist in the improvement of [his/her/their] communication skills.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Full Name]

[Your Professional Title]

[Your Organization/Practice Name]

[Your Phone Number]

[Your Email Address]