

Referral for Palliative Care Consultation

Date: [Insert Date]

To: [Specialist's Name]
[Specialist's Title]
[Specialist's Institution]
[Address]
[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [gender], for a palliative care consultation.

[Patient's Name] has been diagnosed with [Diagnosis] and is experiencing [brief description of symptoms or situation]. Given the complexity of their condition and the challenges they are facing, I believe that a palliative care evaluation would be beneficial in addressing their needs.

The goals of this consultation include:

- Assessment of [Patient's Name]'s current symptom management
- Support for psychosocial and emotional needs
- Guidance on advanced care planning
- Coordination of care with the primary treatment team

[Patient's Name] has been informed of this referral and is in agreement with seeking additional support. I appreciate your expertise and collaboration in providing comprehensive care for our patient.

Please do not hesitate to reach out if you require any further information or medical records pertaining to [Patient's Name]'s condition.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

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