

# Chiropractic Treatment Referral Letter

Date: [Insert Date]

To: [Chiropractor's Name]  
[Chiropractor's Practice Name]  
[Practice Address]  
[City, State, Zip Code]

Dear [Chiropractor's Name],

I am writing to refer my patient, [Patient's Full Name], for chiropractic evaluation and treatment. [He/She/They] has been experiencing [brief description of symptoms] for [duration]. Despite our initial treatment efforts, [his/her/their] condition has not improved as expected.

## Patient Information:

Name: [Patient's Full Name]  
Date of Birth: [Patient's DOB]  
Insurance Provider: [Insurance Name]  
Policy Number: [Policy Number]

I believe that chiropractic care may be beneficial in managing [his/her/their] symptoms and improving [his/her/their] overall function. Please conduct a thorough assessment and provide any necessary treatments that you deem appropriate.

If you require any further information regarding [Patient's Name] or [his/her/their] medical history, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]  
[Your Title]  
[Your Practice Name]  
[Practice Address]  
[City, State, Zip Code]  
[Your Phone Number]  
[Your Email Address]