

# Allied Health Referral Introduction

**Date:** [Insert Date]

**Referring Physician:** [Insert Physician Name]

**Referring Physician Address:** [Insert Address]

**Patient Name:** [Insert Patient Name]

**Patient Date of Birth:** [Insert DOB]

Dear [Allied Health Professional's Name],

I am writing to refer my patient, [Patient Name], for evaluation and treatment regarding [specific condition or concern]. [Patient Name] has been experiencing [brief description of symptoms or issues].

Please find the attached documents including [any relevant medical history, assessments, or tests]. I believe that your expertise in [specific area of allied health] will be beneficial in managing [Patient Name]'s condition.

Thank you for your assistance and collaboration in providing care for [Patient Name]. Please do not hesitate to contact me if you require any additional information.

Sincerely,

[Referring Physician Name]

[Referring Physician Contact Information]