

Occupational Therapy Referral Request

Date: [Insert Date]

To: [Occupational Therapist's Name]

[Facility/Practice Name]

[Address]

[City, State, Zip Code]

Dear [Occupational Therapist's Name],

I am writing to refer my patient, [Patient's Full Name], for occupational therapy evaluation and intervention. [He/She/They] is a [age]-year-old [male/female/other] diagnosed with [list relevant medical conditions or diagnoses].

Patient's History:

- **Reason for Referral:** [Briefly explain the reason for the referral]
- **Relevant Medical History:** [Include any pertinent medical history]
- **Current Functional Limitations:** [Describe current functional limitations or challenges]

Therapeutic Goals:

- [Goal 1]
- [Goal 2]
- [Goal 3]

I would greatly appreciate your evaluation and recommendations for [Patient's Name]. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Facility/Practice Name]

[Your Phone Number]

[Your Email Address]