

Referral Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], for a neurological health assessment. [He/She/They] has been experiencing [insert symptoms], which have significantly impacted [his/her/their] daily life.

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Contact Information: [Patient's Contact Information]

Medical History:

[Brief summary of relevant medical history]

I believe a thorough neurological evaluation is necessary to determine the underlying issues and to formulate a suitable treatment plan. Please feel free to contact me at [Your Contact Information] should you require any additional information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Institution/Practice Name]
[Contact Information]