

Request for Bipolar Disorder Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Name of Institution or Practice]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an assessment for bipolar disorder. I have been experiencing symptoms that may indicate a mood disorder, including [briefly describe your symptoms, e.g., extreme mood swings, periods of depression, etc.].

Given the impact these symptoms have on my daily life, I believe that a comprehensive evaluation is necessary to determine an accurate diagnosis and appropriate treatment options.

Please let me know what steps I need to take in order to schedule an appointment for this assessment. Thank you for your attention to this matter.

Sincerely,

[Your Name]