

Referral for Brain Injury Rehabilitation Services

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Position]
[Facility/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], who has been diagnosed with a brain injury resulting from [brief description of the cause of injury]. Given the patient's current condition and rehabilitation needs, I believe that they would greatly benefit from specialized rehabilitation services.

[Insert a brief history of the patient's medical condition, treatment received, and any relevant assessments or tests that support the need for rehabilitation services.]

The patient's current challenges include:

- [Challenge 1]
- [Challenge 2]
- [Challenge 3]

Based on my evaluation, I recommend a comprehensive program that includes [mention specific therapies or services required, e.g., occupational therapy, physical therapy, speech therapy, etc.]. I believe that your facility is well-equipped to provide the necessary care and support for [Patient's Name].

Please feel free to contact me if you require any additional information or documentation to facilitate this referral. I appreciate your attention to this matter and look forward to your collaboration in providing the best care for [Patient's Name].

Thank you for your assistance.

Sincerely,

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