

Referral Letter for Mental Health Counseling Services

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], to your mental health counseling services.

Patient Information:

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

[Patient's Name] has been experiencing [brief description of the mental health issue or concern]. Over the past [duration], I have been providing care and believe that further specialized support is needed.

I recommend that [Patient's Name] receives counseling for [specific issues, if applicable], as I believe your expertise would greatly benefit them in their recovery process.

Please feel free to contact me at [Your Contact Information] should you require any further information.

Thank you for your assistance.

Sincerely,

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