

Referral for Psychological Assessment and Support

Date: [Insert Date]

To: [Psychologist's Name]

Address: [Psychologist's Address]

Dear [Psychologist's Name],

I am writing to refer [Client's Name], a [Client's Age] year-old [gender], for a psychological assessment and support services. [Client's Name] has been experiencing [brief description of presenting issues, e.g., anxiety, depression, behavioral issues, etc.] for the past [duration].

During my sessions with [Client's Name], I have observed [specific observations about the client's behavior, mood, or relevant history]. These issues have significantly impacted [mention any applicable areas such as school performance, relationships, etc.].

I believe that a thorough psychological assessment will help in understanding [Client's Name]'s needs better and will provide valuable insights for appropriate intervention. I recommend support focusing on [any specific areas of concern or therapeutic approaches if applicable].

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization]

[Your Contact Information]