

# Referral Letter to Asthma Specialist

Date: [Insert Date]

Patient Name: [Patient's Full Name]

Patient ID: [Patient's ID]

Referring Physician: [Your Full Name]

Referring Physician Contact: [Your Contact Information]

To: [Asthma Specialist's Name]

[Specialist's Practice Name]

[Specialist's Address]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Full Name], who has been experiencing recurrent asthma symptoms that require further evaluation and management.

Patient History:

- Age: [Patient's Age]
- Diagnosis: Asthma
- Symptoms: [List Symptoms]
- Current Medications: [List Medications]
- Peak Flow Measurements: [Insert Values]

Previous treatments have included [briefly describe treatments], which have provided limited relief. Given the ongoing nature of their symptoms, I believe a comprehensive assessment by an asthma specialist is warranted.

Please let me know if you require any further information or documentation regarding this case. Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]