

Referral Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Child's Full Name], who is [Age] years old. After a thorough evaluation, I believe that [he/she/they] would benefit from a consultation with a child psychologist.

Presenting Concerns:

- [Concern 1]
- [Concern 2]
- [Concern 3]

Medical History:

- [Relevant Medical History]
- [Any medications being taken]

I believe that the expertise of a child psychologist would be invaluable in addressing [Child's Name]'s needs. Please find my contact information below should you require further information.

Thank you for your attention to this referral.

Sincerely,

[Your Name, MD]

[Your Title]

[Your Clinic Name]

[Your Clinic Address]

[Your Phone Number]

[Your Email Address]