

Physician Referral for Mental Health Evaluation

Date: [Insert Date]

To: [Mental Health Provider's Name]
[Mental Health Provider's Address]
[City, State, Zip Code]

Dear [Mental Health Provider's Name],

I am writing to refer my patient, [Patient's Name], who is [age] years old, for a comprehensive mental health evaluation. [Patient's Name] has been experiencing [brief description of symptoms or concerns], which have adversely affected their daily functioning.

During my assessments, [he/she/they] has shown signs of [specific observations, e.g., anxiety, depression, behavioral issues], and I believe a specialized evaluation is necessary to determine the appropriate course of treatment.

Please find attached the patient's relevant medical history and any previous treatment records. I appreciate your expertise and assistance in evaluating [Patient's Name] and developing a suitable treatment plan.

Should you have any questions or require further information, please do not hesitate to contact me at [your phone number] or [your email address]. Thank you for your attention to this matter.

Sincerely,

[Your Full Name]
[Your Medical Title]
[Your Practice Name]
[Your Practice Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]