

Request for Mental Health Service Referral

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a referral for mental health services for an evaluation regarding Attention Deficit Hyperactivity Disorder (ADHD). I believe that a professional assessment will be beneficial in understanding [Child's/Your Name]'s challenges and potentials.

We have observed [specific behaviors, symptoms, or concerns] that align with ADHD characteristics, and it is important to explore suitable interventions and support options.

Please let me know the next steps in this referral process, as well as any information or documentation you may require from me.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]