

Request for Mental Health Service Referral

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Institution/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a referral for mental health services to address my anxiety treatment needs. I have been experiencing symptoms that have significantly impaired my daily functioning and overall well-being.

As my primary care physician, I believe you would be able to guide me towards an appropriate mental health professional who specializes in anxiety disorders.

I appreciate your attention to this matter and look forward to your guidance on how to proceed. Thank you for your support.

Sincerely,

[Your Name]