

Request for Mental Health Service Referral

Date: [Insert Date]

To: [Insert Recipient's Name]

[Insert Recipient's Title]

[Insert Recipient's Organization]

[Insert Address]

[Insert City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a referral for mental health services for my child, [Child's Name], who is [Child's Age] years old. We have observed [briefly describe the concerns or issues your child is facing, e.g., behavioral changes, emotional distress, etc.].

Given these concerns, I believe it would be beneficial for [Child's Name] to receive therapeutic support from a qualified mental health professional. I kindly ask for your assistance in providing a referral to suitable therapy services that can cater to [Child's Name]'s needs.

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

Sincerely,

[Your Name]

[Your Contact Information]

[Your Address]