

# Request for Referral to Mental Health Services

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a referral to mental health services for support with depression. I have been experiencing persistent feelings of sadness, lack of motivation, and difficulty coping with daily activities.

After discussing my situation with my primary care physician, it has been recommended that I seek specialized mental health support. I believe that connecting with a mental health professional will provide me with the necessary tools and strategies to manage my symptoms effectively.

Please let me know the next steps in the referral process. If there are any forms or additional information needed, I would be happy to provide them.

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

Sincerely,

[Your Name]