

Request for Referral for Grief Counseling

Date: [Insert Date]

To: [Insert Healthcare Provider's Name]

[Insert Healthcare Provider's Address]

[City, State, Zip Code]

Dear [Healthcare Provider's Name],

I hope this message finds you well. I am writing to request a referral for mental health services, specifically for grief counseling. Following the recent loss of [briefly describe your loss, e.g., "my father"], I have been experiencing overwhelming feelings of sadness and difficulty coping with my emotions.

Thank you for your attention to this matter. Please let me know if you require any further information or if there are forms I need to complete for the referral process.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]