

# Request for Referral for Trauma Therapy

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Mental Health Practice/Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a referral for mental health services specifically focused on trauma therapy. After experiencing [briefly describe the traumatic experience], I feel that professional assistance is necessary to help me navigate the challenges I am facing.

Having researched potential therapists who specialize in trauma recovery, I believe that you could provide the guidance and support needed. I would appreciate your assistance in referring me to a qualified mental health professional who can accommodate my situation.

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

Sincerely,

[Your Name]