

Therapy Progress Report

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Referring Therapist: [Insert Your Name]

Contact Information: [Insert Your Contact Information]

Purpose of Referral

This report serves to provide an update on the therapy progress of [Patient Name] and to formally refer them to [Specialist's Name] for further evaluation and treatment.

Background Information

[Insert brief background about the patient's condition, including relevant medical history and previously established treatment goals.]

Progress Summary

[Detail the patient's progress in therapy, including any assessments, achievements, and areas needing improvement.]

Recommendations

Based on the evaluation, I recommend a referral to [Specialist's Name] to address [specific issues or needs of the patient]. Further assessment and specialized treatment may be beneficial in this case.

Next Steps

Please contact me at [Your Contact Information] for any further information or clarification regarding the patient's therapy progress.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Credentials]

[Your Title or Position]