

Neurological Health Assessment Referral

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name]

Subject: Neurological Health Assessment Introduction

Dear [Recipient's Name],

I am writing to introduce [Patient's Name], who requires a comprehensive neurological health assessment. [Patient's Name] has been experiencing [brief description of symptoms or concerns], prompting the need for a detailed evaluation.

The purpose of this referral is to ensure that [Patient's Name] receives the specialized care necessary for accurate diagnosis and management. I believe a thorough assessment by your team will be invaluable.

Please feel free to contact me should you need any additional information prior to the appointment.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Contact Information]