

# Referral for Genetic Counseling Services

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, **[Patient's Name]**, for genetic counseling services. **[Patient's Name]** has a relevant medical history that warrants further evaluation and guidance regarding genetic risks.

Details are as follows:

- **Patient's Date of Birth:** [Insert DOB]
- **Contact Information:** [Insert Contact Info]
- **Relevant Medical History:** [Briefly describe medical history]
- **Reasons for Referral:** [Justification for seeking genetic counseling]

Please feel free to contact me at [Insert Your Contact Information] should you require any additional information.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Contact Information]