

Referral for Urgent Mental Health Assistance

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Name], a [Patient's Age] year old [Patient's Gender], for urgent mental health assistance. [Patient's Name] has been experiencing [briefly describe symptoms/issues] which have significantly impacted their daily functioning and well-being.

Given the nature and severity of their situation, I believe it is critical for them to receive immediate support from a qualified mental health professional. [Patient's Name] has shown signs of [mention any specific mental health concerns, if applicable], and timely intervention could be life-changing.

Attached are relevant medical records and a summary of their case history for your review. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require further information or clarification.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Institution/Practice Name]
[Your Contact Information]