

Referral for Occupational Therapy Services

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Name], a [Age]-year-old [Gender], for occupational therapy services. [Patient's Name] has been experiencing [brief description of condition or concern, e.g., difficulty with daily activities due to a physical injury, developmental delay, etc.].

Upon assessment, it has become clear that [he/she/they] would benefit from the targeted interventions provided by a qualified occupational therapist. The goals of therapy would include:

- [Goal 1]
- [Goal 2]
- [Goal 3]

Please find enclosed the relevant medical history and assessment findings. I believe that occupational therapy will assist [Patient's Name] in achieving [his/her/their] rehabilitation goals and improving [his/her/their] quality of life.

Thank you for your attention to this referral. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Sincerely,

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