

# Therapeutic Services Referral

Date: \_\_\_\_\_

To Whom It May Concern,

I am writing to refer **[Client's Name]** for therapeutic services offered at our fitness center. **[Client's Name]** has been under my care for **[duration]** and presents with the following conditions:

- Condition 1: \_\_\_\_\_
- Condition 2: \_\_\_\_\_
- Condition 3: \_\_\_\_\_

Based on our sessions, I believe that the therapeutic services provided by your facility will greatly benefit **[Client's Name]** in **[specific goals or improvements]**.

Please feel free to contact me at **[Your Phone Number]** or **[Your Email]** for any further information or clarification.

Thank you for your attention to this matter.

Sincerely,

**[Your Name]**  
**[Your Position]**  
**[Fitness Center Name]**  
**[Contact Information]**