

Patient Referral for Mental Health Support

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Title]
[Recipient's Institution/Organization]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Name], who has been under my care since [Date]. [He/She/They] is experiencing [brief description of the mental health issues, e.g., depression, anxiety, etc.], which I believe requires specialized intervention.

Patient's Details:

Name: [Patient's Name]
Date of Birth: [Patient's DOB]
Contact Information: [Patient's Phone Number or Email]

Clinical History:

[Brief summary of relevant medical history, previous treatments, and any medications being taken. Include any assessments or observations that are pertinent to the mental health issue.]

Reason for Referral:

[Explain the reason for the referral and the specific services or interventions requested.]

I believe that [Patient's Name] would greatly benefit from your expertise in mental health support, and I appreciate your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email] should you require any further information.

Thank you for your assistance.

Sincerely,
[Your Name]
[Your Title]
[Your Institution/Organization]
[Your Contact Information]