

Interprofessional Mental Health Referral

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

Dear [Recipient's Name],

I am writing to refer [Patient's Name], a [Patient's Age] year-old [Patient's Gender], who has been under my care since [Date]. [He/She/They] presents with [brief description of mental health issue or concerns, e.g., anxiety, depression, etc.], which has been affecting [his/her/their] daily functioning.

During our sessions, I have observed [specific symptoms, behaviors, or challenges]. [Patient's Name] has shown [list any relevant strengths or coping strategies]. I believe that [his/her/their] condition requires further assessment and intervention from your expertise in [specific area of mental health].

Enclosed, you will find [mention any relevant documents, assessments, or previous evaluations attached]. I believe your insights and recommendations will be invaluable in developing an effective treatment plan for [Patient's Name].

Please feel free to contact me at [Your Phone Number] or [Your Email] should you need any more information or wish to discuss this referral further.

Thank you for your attention to this matter, and I appreciate your collaboration in providing optimal care for [Patient's Name].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[Your Phone Number]

[Your Email]