

Mental Health Consultation Referral

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally refer my patient, [Patient's Name], for a mental health consultation due to [reason for referral, e.g., persistent anxiety, depression, etc.].

[Patient's Name] has been experiencing [brief description of symptoms and duration]. Despite our efforts to manage these issues through [mention any treatments tried], it has become clear that a specialized evaluation and further treatment are necessary.

Patient's information:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Insurance Provider, Policy Number]
- Contact Information: [Patient's Phone Number, Email]

Please feel free to contact me at [Your Contact Information] should you require any further information or clarification regarding this referral.

Thank you for your attention to this matter, and I appreciate your support in providing the necessary services for my patient.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Clinic/Hospital Name]

[Your Contact Information]

[Your Address]