

Mental Health Professional Referral

Date: [Insert Date]

To: [Recipient's Name]
[Recipient's Title]
[Recipient's Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer my client, [Client's Name], who has been under my care for [duration of treatment]. During our sessions, [he/she/they] has expressed challenges related to [briefly describe the mental health concerns, e.g., anxiety, depression, etc.].

Given the complexity of [his/her/their] situation and the need for specialized support, I believe that [Recipient's Organization/Specific Therapist's Name] would provide the appropriate assistance. I have discussed this referral with [Client's Name], and [he/she/they] is open to pursuing this next step.

Please find attached [any relevant documents, assessments, or history notes] to assist with your evaluation and treatment planning.

If you have any questions or require further information, feel free to contact me at [Your Phone Number] or [Your Email Address]. Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Position]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email Address]