

Psychiatric Referral for Assessment

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Full Name], for a psychiatric assessment. [He/She/They] is [age] years old and has been experiencing [brief description of symptoms or concerns].

Patient's Background:

- Presenting Concerns: [List of concerns]
- Medical History: [Brief medical history]
- Medication: [Current medications, if any]
- Recent Events: [Any significant recent events impacting mental health]

I believe that a comprehensive psychiatric evaluation is necessary to determine the appropriate course of treatment. Please find attached relevant medical records for your review.

Thank you for your attention to this matter. Please feel free to contact me at [Your Phone Number] or [Your Email] if you need any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Address]

[Your Phone Number]

[Your Email]