

# Referral to Psychologist

Date: [Insert Date]

To: [Psychologist's Name]  
[Psychologist's Address]  
[City, State, Zip Code]

Dear [Psychologist's Name],

I am writing to refer my patient, [Patient's Name], to you for psychological assessment and therapy. [He/She/They] has been experiencing [briefly describe issues, symptoms, or diagnosis], which I believe would benefit from your expertise.

[Patient's Name] is a [age] year old [gender] who has shown [brief description of the patient's mental state or history]. I believe that your approach to [specific therapy methods or areas of expertise] may be particularly helpful in addressing [specific issues].

Please feel free to contact me at [Your Phone Number] or [Your Email] if you require additional information or if I can assist in the transition process.

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

Sincerely,  
[Your Name]  
[Your Title/Position]  
[Your Organization/Practice Name]  
[Your Address]  
[City, State, Zip Code]