

Supportive Referral Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], to your mental health care services. As [his/her/their] [relationship, e.g., therapist, primary care doctor], I have had the opportunity to work with [him/her/them] and have observed several ongoing challenges that merit further specialized care.

[Patient's Name] has been experiencing [briefly describe mental health issues, e.g., anxiety, depression, PTSD] for [duration]. Despite our efforts to address these concerns through [mention any treatments or interventions], I believe that [he/she/they] would greatly benefit from your expertise.

During our sessions, I have noted [specific observations or behaviors], which have contributed to [his/her/their] overall well-being. I am confident that your services can provide [him/her/them] the support and strategies needed to navigate these challenges.

I fully support this referral and am available for any further communication to discuss [Patient's Name]'s needs. Please feel free to reach out to me at [Your Contact Information].

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice/Organization]

[Your Phone Number]

[Your Email Address]