

Urgent Mental Health Referral Request

Date: [Insert Date]

To: [Referring Professional's Name]

[Professional's Title]

[Organization Name]

[Address]

[City, State, Zip Code]

Dear [Referring Professional's Name],

I am writing to urgently request a mental health referral for my patient, [Patient's Name], who is experiencing significant psychological distress. Due to [briefly state the reasons such as severe anxiety, depression, etc.], it is imperative that they receive immediate evaluation and treatment.

[Patient's Name], aged [Patient's Age], has exhibited the following concerning symptoms:

- [Symptom 1]
- [Symptom 2]
- [Symptom 3]

Given the current severity of their condition, I believe a specialist's intervention is critical. I kindly request that you process this referral as soon as possible to ensure they receive the necessary care.

Please find the attached documents and assessments that provide further insight into [Patient's Name]'s condition. Feel free to contact me at [Your Phone Number] or [Your Email Address] for any additional information.

Thank you for your attention to this urgent matter.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]