

Referral Letter

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], to your group weight management counseling program. [Patient's Name] has been struggling with weight management and related health concerns, including [list any relevant conditions such as obesity, hypertension, diabetes, etc.].

Given the comprehensive approach your program offers in addressing weight management through group support and counseling, I believe this would greatly benefit [Patient's Name]. They have expressed a strong desire to improve their health and achieve sustainable weight loss.

Please find attached relevant medical records and assessments that detail [Patient's Name]'s health status.

Thank you for your assistance in providing [Patient's Name] with the support they need.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]