

Referral for Holistic Weight Management

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Name], who has been under my care for [duration] for [specific health issues or concerns]. In light of their challenges with weight management, I believe that a holistic approach would greatly benefit them.

[Patient's Name] is seeking a comprehensive weight management program that addresses not only their physical health but also nutritional, emotional, and lifestyle factors. It is my belief that your expertise in holistic weight management will provide them with the necessary support and guidance.

Please feel free to contact me should you need any further information regarding [Patient's Name]'s medical history or specific needs.

Thank you for your attention to this referral.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization/Practice Name]

[Your Contact Information]