

# Referral for Weight Management Support Group

Date: **[Insert Date]**

To Whom It May Concern,

I am writing to refer my patient, **[Patient's Name]**, to your weight management support group. **[He/She/They]** is a **[age]**-year-old **[gender]** who has been struggling with weight management issues for the past **[duration]**.

Despite previous efforts to manage **[his/her/their]** weight through diet and exercise, **[Patient's Name]** has indicated a need for additional support and guidance. After discussing the options available, I believe that your support group would provide the necessary tools and community that **[he/she/they]** require to achieve **[his/her/their]** weight management goals.

Please feel free to contact me for 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]**

**[Your Contact Information]**