

Petition for Evaluation of Circadian Rhythm Disorders

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Date]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Subject: Petition for Evaluation of Circadian Rhythm Disorders

Dear [Recipient's Name],

I am writing to formally request an evaluation for possible circadian rhythm disorders. Over the past [duration], I have been experiencing significant disruptions in my sleep patterns, which have adversely affected my daily life, including my work and overall health.

Specifically, I have noticed the following symptoms:

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

These disruptions have led to [briefly describe the impact on life, e.g., decreased productivity, health issues]. Despite efforts to manage my sleep schedule, I have not achieved any lasting improvement.

I believe that a thorough evaluation by a qualified professional could help diagnose and recommend appropriate treatment options for my condition. I kindly request your assistance in facilitating this evaluation.

Thank you for considering my petition. I look forward to your prompt response in this matter.

Sincerely,

[Your Name]

[Your Contact Number]