

# Chronic Illness Management Referral Request

Date: [Insert Date]

To: [Specialist's Name]

[Specialist's Practice Name]

[Specialist's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], who has been diagnosed with [Chronic Illness] and requires your expertise in [specific area of concern].

## Patient Information:

- Name: [Patient's Name]
- Date of Birth: [Patient's DOB]
- Insurance Information: [Insurance Details]

## Medical History:

[Brief overview of the patient's medical history related to the chronic illness]

## Current Medications:

[List of medications the patient is currently taking]

## Symptoms and concerns needing specialist intervention:

[Detailed description of symptoms and concerns]

Please let me know if you require any further information or if there are forms that need to be filled out in advance of the appointment. I appreciate your attention to this matter and look forward to your valuable insights regarding [Patient's Name]'s care.

Thank you.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Contact Information]