

Referral for Specialist Consultation

Date: [Date]

To: [Specialist's Name]

[Specialist's Address]

[City, State, Zip Code]

Dear [Specialist's Name],

I am writing to refer my patient, [Patient's Name], for a psychological assessment. [He/She/They] has presented with [brief description of the symptoms or concerns], which I believe warrants further evaluation by a specialist in this field.

Patient Details:

- Patient Name: [Patient's Name]
- Date of Birth: [DOB]
- Medical Record Number: [MRN]

The reason for this referral includes [detailed reasons for the referral, including relevant history and any previous assessments or treatments].

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require further information or wish to discuss the case in more detail.

Thank you for your assistance with this referral. I look forward to your assessment and recommendations.

Sincerely,

[Your Name]

[Your Title]

[Your Practice/Organization]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]