

Patient Referral for Geriatric Assessment

Date: [Insert Date]

To: [Geriatric Specialist's Name]
[Geriatric Specialist's Address]
[City, State, Zip Code]

Dear [Geriatric Specialist's Name],

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old [gender] who has been under my care for [duration of care]. [Patient's Name] has been experiencing [brief description of medical issues or concerns], which I believe necessitates a comprehensive geriatric assessment.

Relevant medical history includes:

- [Condition 1]
- [Condition 2]
- [Condition 3]

Current medications:

- [Medication 1]
- [Medication 2]
- [Medication 3]

Please find attached the patient's medical records and any pertinent lab results for your review. I appreciate your expertise in managing [Patient's Name]'s geriatric needs and look forward to your assessment and recommendations.

Thank you for your attention to this referral. Please feel free to contact me at [Your Phone Number] or [Your Email] for any further information.

Sincerely,
[Your Name]
[Your Title]
[Your Practice Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]