

# Patient Referral for Mental Health Services

Date: [Insert Date]

To: [Insert Mental Health Provider's Name]

[Insert Mental Health Provider's Address]

[City, State, Zip Code]

Dear [Mental Health Provider's Name],

I hope this letter finds you well. I am writing to refer my patient, [Patient's Full Name], for evaluation and treatment of mental health concerns.

Patient Information:

- **Name:** [Patient's Full Name]
- **Date of Birth:** [Patient's DOB]
- **Contact Information:** [Patient's Phone Number, Email]

Reason for Referral:

[Briefly describe the patient's mental health concerns, symptoms, and any relevant background information.]

Suggested Treatment Approach:

[Share any recommendations for specific therapies or interventions if applicable.]

Please conduct an assessment and provide the necessary support. Feel free to contact me at [Your Phone Number] or [Your Email] if you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Institution/Practice Name]

[Your Address]

[City, State, Zip Code]