

Referral for Grief Counseling

Date: [Insert Date]

To: [Counselor's Name]

[Counselor's Address]

[City, State, Zip Code]

Dear [Counselor's Name],

I am writing to refer [Patient's Name], who has recently experienced the loss of [describe relationship, e.g., a loved one, spouse, etc.]. The bereavement services at [Hospital Name] have provided initial support, but we believe additional counseling would be beneficial for [him/her/them].

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [Patient's DOB]
- Date of Loss: [Date of Death]

[Patient's Name] is experiencing [brief description of the patient's current emotional state and specific needs]. We recommend that [he/she/they] meet with a qualified grief counselor to further navigate this challenging time.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information regarding this referral.

Thank you for your attention to this matter. We appreciate your support in helping [Patient's Name] through this difficult period.

Sincerely,

[Your Name]

[Your Position]

[Hospital Bereavement Services]

[Hospital Name]

[Hospital Contact Information]