

# Referral Letter

Date: [Insert Date]

To: [Dietician's Name]

Hospital: [Hospital's Name]

Address: [Hospital's Address]

Dear [Dietician's Name],

I am writing to refer my patient, [Patient's Full Name], who has been experiencing [brief description of medical issue or concern]. Given the complexity of their condition, I believe that assessment and guidance from a hospital dietician would be beneficial.

Patient's Details:

- **Patient ID:** [Patient ID]
- **Age:** [Patient's Age]
- **Diagnosis:** [Patient's Diagnosis]
- **Relevant Medical History:** [Relevant History]

The goals of this referral are to:

1. Provide dietary recommendations tailored to [Patient's Name]'s condition.
2. Assist in managing any nutritional deficiencies.
3. Support overall health and well-being.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] for any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]