

# Letter of Consultation for Restless Leg Syndrome Evaluation

**Dr. [Your Name]**  
[Your Title]  
[Your Clinic Name]  
[Clinic Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]  
[Date]

**To:**  
Dr. [Referring Physician's Name]  
[Referring Physician's Address]  
[City, State, Zip Code]

Dear Dr. [Referring Physician's Last Name],

I am writing to refer [Patient's Full Name], a [Patient's Age]-year-old [Male/Female] with a clinical history suggestive of Restless Leg Syndrome (RLS). [Provide a brief summary of the patient's symptoms, duration, and any diagnostic tests performed].

The patient reports [details about symptoms, such as "unpleasant sensations in the legs, particularly at night, leading to significant sleep disturbance"]. These symptoms have been present for [duration], and have progressively worsened, impacting the patient's quality of life.

Given the complexity of the condition and the necessity for a comprehensive evaluation, I believe a specialized assessment in your clinic would be beneficial. Please assess [Patient's First Name] for RLS and discuss potential management strategies.

Thank you for your attention to this matter. Should you need further information, please feel free to contact me.

Sincerely,

**Dr. [Your Name]**  
[Your Title]