

Referral for Pediatric Sleep Disorder Assessment

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer my patient, [Patient's Name], a [Patient's Age]-year-old child, for a comprehensive sleep disorder assessment. [Patient's Name] has been experiencing [brief description of symptoms, e.g., difficulty falling asleep, frequent night wakings, excessive daytime sleepiness], which have raised concerns regarding their overall health and development.

History:

- Relevant medical history: [Insert any pertinent medical history]
- Current medications: [List any medications]
- Family history of sleep disorders: [Details if applicable]

Given the persistence of these issues over the past [duration], I believe a thorough evaluation by a pediatric sleep specialist is warranted. I appreciate your attention to this matter and look forward to your assessment and recommendations.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Contact Information]

[Your Practice/Organization Name]