

Referral Letter for Neurological Examination

From: Dr. [Your Name]

Date: [Date]

To: Dr. [Specialist's Name]

[Specialty Clinic Name]

[Clinic Address]

[City, State, Zip Code]

Dear Dr. [Specialist's Last Name],

I am writing to refer my patient, [Patient's Full Name], a [Patient's Age]-year-old [gender], who presents with [brief description of symptoms or concerns]. After conducting a preliminary examination, I believe a neurological evaluation is warranted to further assess and determine the appropriate course of treatment.

Details of the patient's medical history include:

- **Chief complaint:** [Describe the main issue]
- **Relevant medical history:** [List any pertinent history]
- **Medications:** [List medications]
- **Allergies:** [List allergies, if any]

I kindly request that you perform a thorough neurological assessment and provide me with your recommendations regarding the ongoing management of [Patient's First Name]. Please feel free to contact me directly if you require any additional information or test results.

Thank you for your attention to this referral. I look forward to your insights and recommendations.

Sincerely,

Dr. [Your Name]

[Your Specialization]

[Your Clinic/Practice Name]

[Your Contact Information]