

Request for Psychiatric Evaluation Appointment

Date: [Insert Date]

To,
[Psychiatrist's Name]
[Clinic/Hospital Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Dear [Psychiatrist's Name],

I am writing to request an appointment for a psychiatric evaluation. I have been experiencing [briefly describe symptoms or concerns], and I believe that a professional evaluation would be beneficial for my mental health.

Please let me know your available dates and times for an appointment. I am flexible with my schedule and can adjust to meet your earliest availability.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,
[Your Name]
[Your Phone Number]
[Your Email Address]