

Referral for Mental Health Counseling Services

[Your Name]

[Your Title]

[Your Organization]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer [Client's Name] for mental health counseling services. [Client's Name] has been experiencing [brief description of issues, e.g., anxiety, depression, etc.], and I believe they would benefit from your expertise.

[Optional: Include any relevant background information about the client, treatment history, or specific needs.]

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any more information or have any questions regarding this referral.

Thank you for your attention to this matter. I am confident that [Client's Name] will be in good hands with you.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]