

Referral for Mental Health Counseling Services

Date: _____

To: [Counselor's Name]

[Counselor's Address]

[City, State, Zip Code]

Dear [Counselor's Name],

I am writing to refer my patient, [Patient's Name], who is in need of mental health counseling services. [He/She/They] has been experiencing [brief description of the issues, e.g., anxiety, depression, etc.], and I believe that [he/she/they] would benefit from your expertise.

[Patient's Name] is a [age]-year-old [gender] who has been under my care since [date]. [He/She/They] has reported [describe relevant medical history, symptoms, and any previous treatments]. I have advised [him/her/them] to seek counseling to further address these issues.

Please feel free to contact me at [Your Phone Number] or [Your Email] if you need additional information or to discuss this referral further.

Thank you for your attention to this matter. I truly believe that your support will be invaluable for [Patient's Name].

Sincerely,

[Your Name]

[Your Title/Position]

[Your Practice/Organization]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]