

Referral for Outpatient Alcohol Rehabilitation Program

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Full Name], a [age]-year-old [gender], for outpatient alcohol rehabilitation. [Patient's Name] has been experiencing difficulties related to alcohol use and has expressed a desire to seek help.

[He/She/They] has a history of [briefly describe relevant history or behavior related to alcohol use]. After careful assessment and discussion, I believe that the outpatient program at [Rehabilitation Center Name] would be a suitable option for [Patient's Name].

The program's focus on [mention any specific aspects of the program that are beneficial] aligns with [Patient's Name]'s needs and recovery goals.

Please find attached any necessary documentation, including [mention any documents like medical records or assessments]. I appreciate your attention to this referral and your support in assisting [Patient's Name] on [his/her/their] recovery journey.

If you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your assistance.

Sincerely,

[Your Full Name]
[Your Title/Position]
[Your Institution/Organization Name]
[Your Contact Information]