

[Your Name]
[Your Position]
[Your Institution/Organization]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Position]
[Recipient's Institution/Organization]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to recommend [Patient's Name] for treatment related to their struggle with kleptomania. As [Patient's relationship to you, e.g., their therapist, counselor, etc.], I have had the opportunity to observe [his/her/their] challenges and progress over the past [duration].

[Patient's Name] has exhibited behaviors typical of kleptomania, including [briefly describe specific behaviors or incidents]. Despite these challenges, [he/she/they] has shown a willingness to seek help and work towards understanding the underlying issues contributing to these compulsions.

Treatment for kleptomania involves a comprehensive approach, including therapy and possibly medication, tailored to support [Patient's Name] in managing impulses and developing healthier coping strategies. I believe that [he/she/they] would greatly benefit from your program, as it emphasizes [mention key features of the treatment program you are recommending].

I have every confidence that with the right treatment and support, [Patient's Name] can make significant strides toward recovery. I highly recommend [him/her/them] for your program and am hopeful for the positive impact it can have on [his/her/their] life.

Thank you for considering this recommendation. Please feel free to contact me at [your phone number] or [your email] if you require any further information.

Sincerely,

[Your Name]
[Your Position]