

[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],

Subject: Referral for Mental Health Services

I am writing to refer [Patient's Name], a [Patient's Age] year-old [Patient's Gender], for mental health evaluation and treatment. Over the course of our interactions, I have observed several concerning behaviors and symptoms that warrant a more in-depth assessment.

[Describe the patient's current situation, symptoms, and any relevant history. Include specific observations that led to your referral, such as changes in behavior, reported feelings, or any incidents of concern.]

Given these observations, I believe that [Patient's Name] would benefit from professional mental health support. Specifically, I recommend that they receive an evaluation for [specific issues, if known, such as anxiety, depression, etc.].

Please find the attached documents that include [any relevant medical records, assessments, or questionnaires]. I appreciate your attention to this matter and look forward to your insights on how we can best support [Patient's Name].

Thank you for your assistance. Please feel free to contact me directly at [Your Phone Number] or [Your Email Address] if you need further information.

Sincerely,

[Your Name]
[Your Position]
[Your Institution/Organization]