

[Your Name]
[Your Position]
[Your Institution/Practice Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Recipient's Institution/Practice Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Re: Referral for [Patient's Full Name], [Patient's Date of Birth]

I hope this letter finds you well. I am writing to refer my patient,
[Patient's Full Name], who has been under my care since [Date].

[He/She/They] presents with [brief description of the primary health
concern or reason for referral].

Patient Details:

- Full Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Medical Record Number: [Patient's MRN]
- Contact Information: [Patient's contact number]

Clinical History:

[Provide a comprehensive overview of the patient's medical history,
including relevant diagnoses, treatments, and progress. Mention any
pertinent investigations and their results.]

Current Medications:

[List the medications the patient is currently taking, including
dosages.]

Reason for Referral:

[Explain the specific reason for the referral, including what you would
like the recipient to assess or manage.]

Additional Information:

[Include any other relevant information such as allergies, family
history, and psychosocial factors.]

I appreciate your expertise in managing [Patient's Name] and am confident
that [he/she/they] will benefit from your care. Please feel free to
contact me if you require any further information or clarification
regarding this referral.

Thank you for your attention to this matter.

Warm regards,

[Your Name]
[Your Position]
[Your Institution/Practice Name]
[Your Signature (if sending a hard copy)]