

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to request a consultation for occupational therapy for [Patient's Name], who has been experiencing [briefly describe the condition or reason for the referral].

[Patient's Name] is [age] years old and has been facing difficulties with [specific activities or skills affected]. After careful consideration, we believe that occupational therapy would greatly benefit [him/her/them] in improving [mention specific goals or areas of improvement].

We would appreciate it if you could schedule an evaluation at your earliest convenience. Please let us know what documentation or information you may need from us prior to the appointment.

Thank you for your attention to this matter, and we look forward to your positive response.

Sincerely,

[Your Name]
[Your Title/Relationship to Patient]
[Additional Contact Information, if needed]