

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

[Recipient's Name]  
[Recipient's Title/Position]  
[Recipient's Organization]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to refer [Patient's Name], a [age] year old [gender], for occupational therapy services. [He/She/They] has been experiencing [briefly describe the condition or issue, e.g., difficulty with fine motor skills, challenges in daily living activities, etc.].

This referral is based on [provide a brief explanation of your observations and rationale for referral, including any relevant medical history or assessments].

I believe that occupational therapy will be beneficial for [Patient's Name] to [specify goals of therapy, e.g., improve daily functioning, enhance independence, etc.]. Please find attached [any relevant documents, e.g., assessment reports, medical history, etc.].

Thank you for your attention to this matter. I look forward to your assessment and recommendations for [Patient's Name].

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Title/Position]  
[Your Organization]