

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

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

Dear [Recipient's Name],

Subject: Occupational Therapy Referral Appointment

I hope this letter finds you well. I am writing to refer [Patient's Name], a [age]-year-old [gender] who is experiencing [brief description of condition or reason for referral].

After conducting a thorough evaluation, I believe that occupational therapy will be beneficial for [him/her/them] in addressing [specific goals or issues, e.g., improving daily living skills, enhancing mobility, etc.].

Please find the relevant medical history and assessment details attached for your reference. I recommend scheduling an appointment at your earliest convenience to discuss the best intervention strategies for [Patient's Name].

Thank you for your attention to this matter. Should you need any further information, feel free to contact me.

Best regards,

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