

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

Dear [Recipient Name],

I am writing to document my experiences and symptoms related to Post-Traumatic Stress Disorder (PTSD) that I have been experiencing since [specific date or event].

Since the incident, I have exhibited the following symptoms:

1. ****Intrusive Memories:**** I often relive the traumatic event through distressing memories and flashbacks, which can be triggered by reminders of the experience.
2. ****Avoidance:**** I have been actively avoiding places, activities, or people that remind me of the trauma, leading to social withdrawal.
3. ****Negative Changes in Mood and Cognition:**** I experience persistent negative thoughts, feelings of hopelessness, and difficulty in maintaining relationships.
4. ****Heightened Arousal and Reactivity:**** I often feel on edge, have trouble sleeping, and experience irritability or outbursts of anger, affecting my daily functioning.

These symptoms have significantly impacted my ability to [work, engage in social activities, maintain personal relationships, etc.], and I am seeking assistance to manage my condition effectively.

I appreciate your attention to this matter and any support you can provide.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]