

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

Dear [Recipient's Name],

I am writing to formally diagnose [Patient's Name], who has been under my care since [Date] and has been assessed for post-traumatic stress disorder (PTSD). Following thorough evaluation, including clinical interviews and standardized assessment tools, I have determined that [Patient's Name] meets the diagnostic criteria for PTSD as outlined in the DSM-5.

[Patient's Name] has reported experiencing [brief description of the traumatic events and symptoms]. These symptoms have significantly impacted their daily functioning, emotional well-being, and interpersonal relationships.

It is essential that [Patient's Name] receives appropriate treatment, which may include psychotherapy, medication management, and support services tailored to their unique needs. I recommend a comprehensive treatment plan to address their PTSD symptoms effectively.

Please feel free to contact me for further discussion regarding [Patient's Name]'s treatment plan or any additional information required. Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Profession]
[Your Organization/Hospital/Clinic Name]