

**CONFIDENTIAL REFERRAL INFORMATION**

**Date:**

**To (Receiving Provider):**

**Facility/Practice:**

**RE: Patient Name:**

**Date of Birth:**

**Contact Number:**

Dear ,

I am writing to formally refer the above-named patient to your care for [**Reason for Referral/Specific Specialty**].

**Presenting Concerns & Clinical History:**

[Insert symptoms, duration, and relevant psychosocial history]

**Current Diagnosis (if applicable):**

**Current Medications & Treatments:**

[Insert list of current medications, dosages, and therapeutic interventions]

**Risk Assessment:**

[Insert details regarding safety concerns or risk to self/others]

**Goals for Referral:**

[Insert specific objectives for the patient's treatment with the new provider]

Please find attached the patient's relevant clinical records and signed Release of Information (ROI). I am available for a clinical consultation regarding this case if needed.

Sincerely,

**Signature:**

**Name:**

**Credentials/Title:**

**Contact Information:**