

From:
Credentials:
Facility/Practice:
Date:

To:
Facility:
Re: Patient Referral for Psychiatric Nursing Services

Dear ,

I am writing to formally refer **Patient Name:** (DOB:) for specialized psychiatric nursing assessment and intervention.

Clinical Reason for Referral:

Current Diagnosis & Presenting Symptoms:

Current Medications:

I believe the patient will benefit from your expertise in . Please find the attached clinical notes, risk assessments, and laboratory results for your review.

Thank you for your collaboration in this patient's care. Please contact me at if you require further information.

Sincerely,

Signature & Title