

CLIENT REFERRAL LETTER TO PHYSICIAN

Date: _____

Dear _____ (*Name of Physician*),

I would like to refer the following client to you for _____ [evaluation, treatment, assessment, etc.].

Please contact me directly at _____ (*phone number*) if you have any questions.

Sincerely,

Your Name

Title

Name of Client: _____

Date of Birth: _____

Diagnosis: _____

Referred to: _____

Reason for Referral:

