

Your name

Your organisation

Your address

Your contact information

DD/MM/YY

Dear Specialist

Re: Patient Name and contact details

Purpose of Letter: Referring a client/presenting problem

Client Details/Background:Treatment history, pertinent details such as medication, and patient’s physical activities

Injury Assessment:Your diagnosis of patient issue and how it may have occurred

Treatment Summary:What you treated them for and how, including any medication or recommendations

Reason for Referring:Why you are referring your patient for further assessment and treatment

Regards,

Your name