Date: [Insert Date]

To: [Recipient Name/Intake Department]
Facility: [Clinic/Hospital Name]
Address: [Clinic Address]

RE: URGENT REQUEST FOR PSYCHIATRIC DIAGNOSTIC ASSESSMENT

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Contact Number: [Phone Number]

Dear Dr. [Doctor's Last Name] / Intake Coordinator,

I am writing to formally request an urgent psychiatric diagnostic assessment for the above-named patient due to an acute escalation in their clinical presentation. The patient requires a comprehensive evaluation to establish a definitive diagnosis and initiate an immediate stabilization plan.

Reason for Urgency:
[Briefly describe acute symptoms, e.g., suicidal ideation, psychosis, severe functional impairment, or rapid mood cycling].

Current Presentation and History:
[List primary symptoms, duration, and any recent changes in behavior or safety risks].

Current Medications:
[List current medications and dosages, if known].

Requested Action:
Please provide a diagnostic assessment, risk evaluation, and pharmacological recommendations. I would appreciate being notified of the appointment date and receiving a summary of your findings following the consultation.

Thank you for your prompt attention to this matter. Please contact me directly at [Your Phone Number] if you require further information.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Credentials]
[Organization Name]