Date: [Date]

RE: [Patient Name]
Date of Birth: [DOB]
Date of Assessment: [Date]

Dear [Referring Provider Name],

Thank you for referring [Patient Name] for a psychiatric diagnostic assessment. This evaluation was conducted via a secure, HIPAA-compliant telehealth platform.

Presenting Problem:
[Brief description of symptoms and duration]

Psychiatric History:
[Summary of previous diagnoses, hospitalizations, and treatments]

Mental Status Examination:
The patient appeared [Appearance/Behavior] via video. Speech was [Rate/Tone]. Mood was described as [Mood] with a [Range] affect. Thought process was [Linear/Disorganized]. No evidence of suicidal or homicidal ideation was reported during this session. Cognition and insight appeared [Adequate/Impaired].

Diagnostic Impression:
1. [Diagnosis Name/ICD-10 Code]
2. [Diagnosis Name/ICD-10 Code]

Treatment Recommendations:

- **Medication:** [Medication name, dosage, and frequency or "No changes at this time"]
- **Therapy:** [Recommended modality, e.g., CBT, DBT]
- **Follow-up:** [Timeline for next appointment]

Please feel free to contact my office if you have any questions regarding this assessment or the proposed treatment plan.

Sincerely,

[Signature]
[Provider Name, Credentials]
[Practice Name]
[Contact Information]