[Date]

[Referring Provider Name]
[Clinic/Institution Name]
[Address Line 1]
[Address Line 2]

RE: Second Opinion Diagnostic Consultation

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Evaluation: [Date]

Dear [Referring Provider Name],

Thank you for referring [Patient Name] for a second opinion psychiatric diagnostic assessment regarding [primary concern/diagnostic question].

Reason for Consultation:
The patient was seen to clarify [e.g., diagnosis of Bipolar Disorder vs. ADHD] and to provide recommendations for further clinical management.

Clinical Summary:
During the evaluation, the patient reported a history of [brief symptom summary]. Review of previous records indicates [summary of past treatments/diagnoses]. Mental status examination revealed [notable findings].

Diagnostic Impression:
Based on the clinical interview and diagnostic criteria, my assessment is as follows:
1. [Primary Diagnosis/ICD-10 Code]
2. [Secondary Diagnosis]
3. [Differential Diagnosis Considered]

Discussion and Rationale:
[Explanation of why this diagnosis was reached and how it differs from previous assessments].

Recommendations:
I suggest the following modifications to the current treatment plan:
- [Pharmacological recommendations]
- [Therapeutic modalities, e.g., CBT, DBT]
- [Additional testing/lab work required]

I have discussed these findings with the patient, and they have been advised to follow up with you to discuss these recommendations. Please feel free to contact me if you require further clarification.

Sincerely,

[Your Name, MD/DO/NP]
[Your Title]
[Your Contact Information]