Date: [Date]
To: [Referring Physician Name]
Address: [Referring Physician Address]

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

Dear Dr. [Last Name],

Thank you for referring [Patient Name] for a psychiatric diagnostic assessment. I had the opportunity to evaluate the patient on [Date]. Below is a summary of my findings and recommendations.

Chief Complaint:
[Brief description of why the patient is seeking help]

History of Present Illness:
[Summary of symptoms, duration, and impact on functioning]

Past Psychiatric History:
[Previous diagnoses, hospitalizations, and treatments]

Current Medications:
[List of psychotropic and relevant medical medications]

Mental Status Examination:
[Summary of appearance, behavior, speech, mood, affect, thought process/content, and cognition]

Diagnostic Impression (ICD-10/DSM-5):
1. [Primary Diagnosis]
2. [Secondary Diagnosis]
3. [Medical/Relevant Factors]

Treatment Plan and Recommendations:
[Proposed medications, therapy referrals, laboratory tests, or follow-up schedule]

I will continue to see [Patient Name] for [medication management/brief therapy] and will provide updates on their progress as needed. Please do not hesitate to contact my office if you have any questions.

Sincerely,

[Signature]
[Your Name, Credentials]

[Clinic Name]
[Phone Number]