

Date: [Insert Date]

To: [Recipient Name/Specialist Name]

Clinic/Department: [Clinic Name]

Address: [Recipient Address]

RE: Patient Referral for Speech and Language Evaluation

Patient Name: [Patient Full Name]

Date of Birth: [Date of Birth]

Parent/Guardian Name: [Parent Name]

Phone Number: [Phone Number]

Dear [Recipient Name],

I am writing to refer the above-named patient for a formal speech and language consultation. Based on clinical observation and parental reports, there are concerns regarding a potential developmental delay in communication.

Reason for Referral:

The patient is currently exhibiting the following signs:

- Limited expressive vocabulary for chronological age.
- Difficulty following simple instructions or receptive language concerns.
- Unclear speech or articulation issues that affect intelligibility.
- Reduced social communication or lack of non-verbal gestures.
- [Optional: Insert specific clinical observation here]

Relevant Medical History:

[Insert brief history, e.g., history of ear infections, hearing screen results, or other developmental milestones.]

I would appreciate your specialist assessment to determine if this patient meets the criteria for speech-language therapy or further diagnostic intervention. Please provide a summary of your findings and any recommended treatment plans.

Thank you for your assistance with this patient.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization/Clinic Name]

[Your Contact Information]