

[Date]

[Fertility Clinic Name]

[Physician Name]

[Clinic Address]

[City, State, Zip Code]

RE: Psychological Clearance for In Vitro Fertilization (IVF)

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Dear [Physician Name],

I am writing to provide psychological clearance for [Patient Name] to proceed with In Vitro Fertilization (IVF) treatment at your facility. I conducted a formal psychological consultation and clinical interview with the patient on [Date of Evaluation].

The purpose of this evaluation was to assess the patient's emotional readiness, psychological stability, and understanding of the complexities involved in the IVF process. During our session, we discussed the following areas:

- Motivation for seeking fertility treatment.
- Current coping mechanisms and support systems.
- Potential emotional challenges related to treatment outcomes.
- Understanding of the ethical and legal implications of assisted reproductive technology.

Based on my clinical assessment, [Patient Name] demonstrates the emotional maturity and cognitive capacity necessary to provide informed consent and undergo the rigors of IVF treatment. There are no psychological contraindications to proceeding at this time.

The patient has been encouraged to seek further counseling should the need for additional emotional support arise during or after the treatment cycle.

If you require any further information, please feel free to contact my office.

Sincerely,

[Provider Signature]

[Provider Name, Credentials]

[License Number]

[Phone Number]

[Email Address]