

[Date]

[Patient Name]
[Patient Date of Birth]
[Patient Address]

To: [Provider Name/Clinic Name]
[Provider Address]

Subject: Request for Comprehensive Mental Health and Depression Screening

Dear [Dr. Last Name or Provider Name],

I am writing to formally request a comprehensive mental health evaluation and depression screening. I have been experiencing symptoms that are impacting my daily functioning, emotional well-being, and overall quality of life.

I would like this assessment to include, but not be limited to, the following:

- Standardized Depression Screening (such as the PHQ-9)
- Anxiety Disorder Screening (such as the GAD-7)
- A clinical interview regarding my medical history and current stressors
- A review of physical symptoms that may be contributing to my mental health status
- Discussion of potential treatment pathways, including therapy, medication, or specialist referrals

The primary symptoms I am currently experiencing include:

[List symptoms here, e.g., persistent sadness, fatigue, loss of interest, sleep disturbances, etc.]

Please let me know the earliest available date for an appointment to conduct this screening. If a referral is required for insurance purposes or to see a psychiatric specialist, please provide the necessary documentation.

Thank you for your time and for assisting me in managing my mental health.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]