

Date: [Date]

To: [Neurologist Name/Clinic Name]

Address: [Neurologist Address]

RE: Patient Referral

Patient Name: [Patient Full Name]

Date of Birth: [DOB]

Phone Number: [Patient Phone]

Dear Dr. [Neurologist Last Name],

I am referring this patient to your office for a neurological consultation regarding [Primary Complaint/Reason for Referral].

Clinical History:

[Provide a brief description of symptoms, duration, and progression of the condition.]

Relevant Physical Exam Findings:

[Detail any abnormal neurological exam findings such as motor weakness, sensory changes, or gait issues.]

Current Medications:

[List relevant medications]

Completed Diagnostics:

[List results of relevant imaging like MRI/CT or blood work. Note if reports are attached.]

Specific Request:

[Consultation for diagnosis / Second opinion / Management of chronic condition / Diagnostic testing like EMG or EEG]

Thank you for participating in the care of this patient. Please contact my office at [Your Phone Number] if you require further information.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Practice Name]