

**Date:** [Date]

**To:** [Specialist Name/Department]

**Clinic/Hospital:** [Clinic Name]

**Address:** [Address Line 1], [City, State, Zip]

**RE: Patient Referral**

**Patient Name:** [Patient Full Name]

**Date of Birth:** [DOB]

**Phone Number:** [Phone Number]

Dear [Specialist Name],

I am referring this patient to your care for a formal evaluation and management of **Balance and Gait Disorders**.

**Reason for Referral:**

The patient presents with the following symptoms: [e.g., frequent falls, dizziness, unsteady gait, loss of equilibrium].

**Clinical Findings:**

[Briefly describe physical exam findings, such as positive Romberg test, shuffled steps, or ataxia].

**Medical History:**

[List relevant history: e.g., Neuropathy, Parkinson's, Vestibular issues, or prior injuries].

**Current Medications:**

[List medications or attach a separate list].

**Requested Action:**

Please provide a comprehensive assessment, diagnostic testing (if required), and recommendations for a treatment plan or physical therapy.

Thank you for your expertise in this matter. Please find the attached medical records and recent lab results for your review.

Sincerely,

[Your Name/Signature]

[Your Title/Organization]

[Your Phone Number]