

**Date:** [Date]

**To:** [Name of Marriage Counselor/Therapist]  
[Clinic Name]  
[Address]  
[City, State, Zip Code]

**RE: Referral for Reconciliation Assessment**

**Clients:** [Partner 1 Name] and [Partner 2 Name]

Dear [Counselor Name],

I am writing to formally refer [Partner 1 Name] and [Partner 2 Name] to your practice for a formal reconciliation assessment.

The couple is currently navigating [briefly mention status, e.g., a legal separation, a period of estrangement, or a high-conflict transition]. They have expressed a mutual interest in exploring whether a healthy and sustainable reconciliation is possible at this time.

The primary goals for this assessment are:

- To evaluate the current readiness of both parties to engage in the reconciliation process.
- To identify the core barriers and unresolved issues impacting the relationship.
- To determine if both individuals can establish the safety and emotional regulation required for ongoing therapy.
- To provide a professional recommendation on whether to proceed with long-term marital counseling.

Enclosed/Attached are relevant background notes regarding their history with my office [optional]. Please provide a summary of your findings or a status update regarding their participation once the initial assessment phase is complete, provided the clients have signed the necessary HIPAA release forms.

Thank you for your professional expertise in assisting this couple through this critical decision-making process.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Title/Organization]  
[Your Phone Number]  
[Your Email Address]