

Mental Health Consultation

Date: _____

Dear Dr: _____

Please be advised that I saw a patient from your practice for a Mental Health evaluation:

Patient Name: _____

DOB: _____

Diagnostic Description: _____

Medications: _____

Other Treating Healthcare Professionals involved in this patient's treatment:

Treatment Recommendations:

- Individual Therapy
 - Family Therapy
 - Group Therapy
 - Medication Management
 - Substance Abuse Treatment
 - Couples Therapy
 - Other
- _____

If you have any questions or concerns regarding the treatment of your patient, please feel free to contact me.

Sincerely,

Print Name: _____ Credentials: _____

Phone Number: _____