

# Chiropractic Referral Letter

[Your Name]

[Your Title/Position]

[Your Clinic/Organization Name]

[Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Referring Physician's Name]

[Referring Physician's Title/Position]

[Referring Physician's Clinic/Organization Name]

[Address]

[City, State, ZIP Code]

Dear Dr. [Referring Physician's Last Name],

I hope this letter finds you well. I am writing to formally refer one of my patients, [Patient's Full Name], to your esteemed chiropractic care practice for further evaluation and treatment.

Patient Information:

- Full Name: [Patient's Full Name]
- Date of Birth: [Patient's Date of Birth]
- Gender: [Patient's Gender]
- Medical Record Number: [Patient's Medical Record Number]
- Diagnosis/Condition: [Brief Description of Diagnosis/Condition]
- Relevant Medical History: [Brief Overview of Relevant Medical History]

Reason for Referral:

I have been treating [Patient's Full Name] for [duration of treatment] for the aforementioned

diagnosis/condition. While we have made progress with [specific treatments or interventions], I believe that chiropractic care could provide valuable complementary or alternative treatment options to further enhance [Patient's Full Name]'s overall well-being and quality of life.

Specific Concerns/Goals for Chiropractic Care:

- [Specify any specific issues or goals you hope chiropractic care can address, such as pain management, mobility improvement, etc.]

I have informed [Patient's Full Name] about the potential benefits of chiropractic care and have discussed the referral with them. They are enthusiastic about exploring this avenue of treatment and have expressed their willingness to coordinate with your clinic.

I kindly request that you evaluate [Patient's Full Name]'s condition and develop a comprehensive treatment plan tailored to their needs. I believe that your expertise in chiropractic care will greatly contribute to their ongoing care and recovery journey.

Please feel free to contact me at [your contact information] if you require any additional information or would like to discuss [Patient's Full Name]'s case further. I genuinely appreciate your collaboration and commitment to providing the best possible care for our shared patient.

Thank you for your attention to this referral. I look forward to working together to ensure the optimal health and well-being of [Patient's Full Name].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title/Position]

[Your Clinic/Organization Name]

[Your Phone Number]

[Your Email Address]

Enclosure: Copy of relevant medical records, test results, and imaging reports (if applicable) for [Patient's Full Name].