Dear [GP/Psychologist/Psychiatrist]

**RE: Patient Name**

I would like to refer my patient, [Patient Name] for a psychological evaluation before undergoing [Name of cosmetic procedure/surgery]. I have seen [Patient Name] for a consultation regarding [Areas of concern and treatment requested]. I have also conducted screening as per the Medical Board of Australia’s guidelines and found that [explain screening result if relevant]. During the consultation, I identified that [Explain your impressions or areas of concern identified in the consultation/screening process, also mention the extent of the “visible defect” you have observed in their appearance if relevant]

As such, I would like to request further evaluation before proceeding with any cosmetic treatment.

As you may be aware, the Australian Psychological Society (APS) has developed a practice guide for the “Psychological Evaluation of Patients Undergoing Cosmetic Procedures”, outlining specific guidelines for these evaluations. I am seeking your opinion to find out if you are able to provide an evaluation in line with the APS guidelines for [his/her/their] suitability to undergo [Name of cosmetic procedure], as well as providing pre- and post-procedure care and support if indicated.

If you are not in a position to conduct such an evaluation, please let us know and we can refer [him/her/them] to an alternative psychologist who has a special expertise in this area.

Yours sincerely,

[Practitioner’s Name]