

[Licensed Mental Health Professional Letterhead]

Date: [MM/DD/YYYY]

[Recipient's Name/Address]

[City, State ZIP]

RE: Emotional Support Animal Accommodation Request for [Patient's Full Name]

To Whom It May Concern,

I am writing as a licensed mental health professional [License Type and Number] regarding my patient, [Patient's Full Name]. I am currently treating [Patient] for an anxiety disorder that substantially impacts one or more major life activities.

I hereby confirm that:

1. Patient Information:

- Name: [Patient's Full Name]
- Current Patient Status: Active
- Diagnosis: [Patient] has been diagnosed with an anxiety disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Specific diagnosis: [Choose appropriate ICD-10 code:

- F41.1 - Generalized Anxiety Disorder
- F40.10 - Social Anxiety Disorder
- F41.0 - Panic Disorder
- F43.10 - Post-Traumatic Stress Disorder with anxiety symptoms]

2. Treatment Relationship:

- [Patient] has been under my professional care since [MM/YYYY]
- Our most recent evaluation occurred on [MM/DD/YYYY]
- Our treatment plan includes [brief description: e.g., "weekly cognitive behavioral therapy sessions, medication management, and stress reduction techniques"]

3. Anxiety Symptoms and ESA Benefit:

- [Patient]'s anxiety disorder manifests with symptoms including [select relevant symptoms: persistent worry, panic attacks, social avoidance, sleep disturbance, physiological responses including increased heart rate/respiration, hypervigilance]
- These symptoms significantly impair daily functioning and quality of life
- I have determined that an emotional support animal provides specific therapeutic benefits for [Patient]'s anxiety condition through:
  - Grounding during anxiety episodes
  - Interruption of anxiety and panic cycles
  - Reduction in anticipatory anxiety

- Decreased sympathetic nervous system activation
- Increased sense of security and safety
- Support during exposure to anxiety-provoking situations
- The animal's presence provides consistent anxiety reduction that cannot be achieved through medication or therapy alone

4. Animal Information:

- Type/Breed: [Animal Type/Breed]
- Name: [Animal Name]
- Temperament: [e.g., "Calm, well-behaved, provides consistent emotional support"]

This letter is written in accordance with the Fair Housing Act (42 U.S.C. § 3601 et seq.), which requires housing providers to make reasonable accommodations for persons with disabilities, including those with anxiety disorders requiring emotional support animals.

The emotional support animal's presence is an integral component of [Patient]'s anxiety management plan. Without this accommodation, [Patient]'s anxiety symptoms would likely intensify, potentially causing significant deterioration in functioning and well-being.

If you require verification of my credentials or additional information regarding this accommodation request, please contact me directly at the information provided below. I would be happy to answer any questions regarding this recommendation within the bounds of patient confidentiality.

Sincerely,

[Signature]

[Full Name of Licensed Professional], [Credentials]

[License Type and Number]

[Practice Name]

[Practice Address]

[Phone Number]

[Email Address]