Date: [Date]

To: [Consulting Specialist Name]
Department: Neurology / Falls and Balance Clinic
Address: [Clinic Address]

RE: [Patient Name]
Date of Birth: [Patient DOB]
Reason for Referral: Comprehensive Fall Risk Assessment and Neurological Evaluation

Dear Dr. [Specialist Last Name],

I am referring [Patient Name] to your care for a specialized evaluation regarding recurrent falls and gait instability. This patient has experienced [Number] falls in the last [Number] months, resulting in [List any injuries, e.g., hip pain, head trauma].

Clinical Presentation:
The patient reports symptoms including [List symptoms, e.g., dizziness, imbalance, freezing of gait, or muscle weakness]. My initial office assessment noted [List findings, e.g., positive Romberg test, shuffling gait, or decreased lower extremity sensation].

Relevant Medical History:
[List conditions, e.g., Parkinson's Disease, Peripheral Neuropathy, Stroke, or Orthostatic Hypotension]

Current Medications:
[List medications or attach medication list]

Requested Evaluation:
I would appreciate your expert opinion on the following:

- Diagnostic workup for gait impairment (e.g., EMG/NCS, imaging).
- Assessment of neurological contributors to postural instability.
- Recommendations for fall prevention strategies or physical therapy.
- Review of medications for potential neuro-vestibular side effects.

Thank you for your assistance in managing this patient's care. Please forward your consultation notes to my office at [Your Fax Number/Address].

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Practice Name]
[Your Phone Number]