[Date]

[Caregiver Name]
[Caregiver Address]
[City, State, Zip Code]

Re: Fall Prevention Strategy Consultation for [Patient Name]

Dear [Caregiver Name],

Following our recent assessment of [Patient Name], I am writing to outline the recommended fall prevention strategies to ensure a safe environment and minimize the risk of injury.

Based on our consultation, we have identified the following priority areas:

- **Home Environment:** Remove tripping hazards such as area rugs, electrical cords, and clutter from walkways. Ensure all rooms and stairways are well-lit.
- **Assistive Devices:** Ensure that the [Cane/Walker/Wheelchair] is used consistently and is adjusted to the correct height.
- **Footwear:** The patient should wear sturdy, non-slip shoes both inside and outside the home.
- **Medication Review:** Be aware of side effects such as dizziness or drowsiness. Contact the physician if these symptoms occur.
- **Supervision:** Provide assistance during high-risk activities, specifically [Transfers/Bathing/Toileting].

Please monitor [Patient Name] for any changes in balance, gait, or cognitive status, as these factors may increase fall risk. We recommend a follow-up home safety evaluation on [Date/Time].

If you have any questions regarding these strategies or require further training on transfer techniques, please contact our office at [Phone Number].

Sincerely,

[Your Name/Signature]
[Your Title/Organization]