Date: [Date]

To: [Referring Physician Name]
Address: [Clinic/Hospital Address]
Fax/Phone: [Contact Information]

RE: [Patient Name]
DOB: [Patient Date of Birth]
Date of Consultation: [Consultation Date]

Dear Dr. [Physician Last Name],

Thank you for referring [Patient Name] to our orthopedic clinic for a comprehensive fall risk assessment. The patient was evaluated today regarding their history of falls and musculoskeletal stability.

Clinical Findings:

- **History:** [Number of falls in past year, mechanism of injury, and symptoms]
- **Physical Examination:** [Gait speed, balance testing, muscle strength, and joint stability]
- **Orthopedic Concerns:** [e.g., Osteoarthritis, spinal stenosis, foot/ankle deformities]

Assessment:

Based on our evaluation, the patient is at a [Low / Moderate / High] risk for future falls. Key contributing factors include [List factors like muscle weakness, poor balance, or joint pain].

Plan and Recommendations:

- **Physical Therapy:** Referral for gait training and lower extremity strengthening.
- **Assistive Device:** [e.g., Cane, walker, or orthotics recommended].
- **Medical Management:** [e.g., Bone density scan (DEXA) or vitamin D supplementation].
- **Home Safety:** Encouraged home environment modification.
- **Follow-up:** The patient will return to this clinic in [Timeframe] for reassessment.

Please feel free to contact my office if you have any questions regarding this assessment.

Sincerely,

[Signature]
[Your Name, MD/DO]
[Orthopedic Specialty/Clinic Name]