Date: [Date]

To: [Primary Care Physician Name]
Clinic Name: [Clinic/Practice Name]
Fax/Address: [Fax Number/Address]

RE: Post-Discharge Geriatric Fall Risk Consultation
Patient Name: [Patient Name]
Date of Birth: [DOB]
Date of Discharge: [Discharge Date]

Dear Dr. [Physician Last Name],

I am writing to provide a summary of the fall risk assessment conducted for the above-named patient following their recent discharge from [Facility Name] on [Discharge Date]. The patient was originally admitted due to [Reason for Admission/Recent Fall Event].

Clinical Assessment Summary:

- **Mobility/Gait:** [e.g., Unsteady, uses rolling walker, TUG score]
- **Cognitive Status:** [e.g., Intact, mild impairment, MoCA score]
- **Vision/Hearing:** [e.g., Corrected vision, hearing loss noted]
- **Orthostatic Vitals:** [e.g., Significant drop noted, or stable]

Medication Review:
The following medications were identified as potentially increasing fall risk (FRIDs):
[List medications, e.g., benzodiazepines, antihypertensives, sedatives]

Environmental/Home Safety:
[e.g., Home health safety evaluation ordered, rugs removed, grab bars recommended]

Consultation Recommendations:

1. [e.g., Physical Therapy referral for gait and balance training]
2. [e.g., Vitamin D supplementation]
3. [e.g., Medication adjustment/tapering]
4. [e.g., Occupational Therapy for home modification]
5. [e.g., Referral to Ophthalmology]

We have discussed these findings with the patient and their caregiver, [Caregiver Name]. Please incorporate these recommendations into the patient's long-term care plan to prevent future injury.

If you have any questions regarding this consultation, please contact our office at [Phone Number].

Sincerely,

[Your Name/Signature]
[Your Title]
[Department/Facility Name]