[Date]

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

Subject: Annual Geriatric Fall Risk Assessment

Dear [Patient Name],

Our records show that you are due for your Annual Fall Risk Assessment. As we get older, maintaining balance and preventing falls becomes a vital part of staying healthy and independent.

During this brief appointment, we will:

- Review your current medications.
- Check your balance and walking stability.
- Discuss any vision or hearing changes.
- Identify potential trip hazards in your home.

Prevention is the best way to avoid serious injury. Please call our office at [Phone Number] to schedule your assessment. We recommend bringing the shoes you wear most often to this appointment.

We look forward to seeing you soon.

Sincerely,

[Doctor/Provider Name]
[Practice Name]