[Practice Name]
[Practice Address]
[City, State, Zip Code]
[Phone Number]

[Date]

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

Dear [Patient Name],

Our records indicate that you are due for your Comprehensive Geriatric Fall Risk Screening. As we age, maintaining balance and preventing falls is essential for staying independent and healthy.

This screening is a proactive step to ensure your safety. During this appointment, we will:

- Review your current medications.
- Check your blood pressure and vision.
- Assess your balance, gait, and muscle strength.
- Discuss any history of slips or falls.
- Identify potential hazards in your home environment.

Preventing a fall before it happens is much easier than recovering from an injury. Based on the results, we can provide you with a personalized plan to improve your stability and reduce your risk.

Please call our office at [Phone Number] to schedule your screening. We recommend bringing the footwear you wear most often to this appointment.

We look forward to seeing you soon.

Sincerely,

[Provider Name/Signature]
[Practice Name]