Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Incident Date: [Date of Fall]

Dear [Patient Name or Caregiver Name],

This letter is a follow-up to the recent fall you experienced on [Date of Fall]. Our priority is to ensure your continued safety and to prevent future incidents through a comprehensive review of your health and environment.

Assessment Summary:

Following your post-fall evaluation, we have identified the following contributing factors:

- [Factor 1: e.g., Medication side effects]
- [Factor 2: e.g., Vision impairment]
- [Factor 3: e.g., Balance or gait instability]
- [Factor 4: e.g., Home environment hazards]

Recommended Action Plan:

- **Medical Review:** Schedule a follow-up with [Physician Name] to review current medications.
- **Physical Therapy:** Complete [Number] sessions of balance and strength training.
- **Home Safety:** Remove rugs, improve lighting, and install grab bars as discussed.
- **Specialist Referrals:** See an [Ophthalmologist/Podiatrist] by [Date].

Warning Signs:

Please contact your healthcare provider immediately or seek emergency care if you experience any of the following:

- New or worsening confusion or dizziness.
- Increased difficulty walking or sudden weakness.
- Severe pain or swelling in joints or limbs.
- A second fall or "near-miss" incident.

We will contact you on [Follow-up Call Date] to check on your progress. If you have any questions regarding these recommendations, please call our office at [Phone Number].

Sincerely,

[Provider Name]
[Title/Clinic Name]
[Contact Information]