[Clinic/Hospital Name]
[Department Name]
[Address]
[Phone Number]
[Date]

To: [Patient Name]
[Patient Address]

Dear [Patient Name],

We are pleased to welcome you to our geriatric clinic. This letter is to introduce you to the Comprehensive Geriatric Assessment (CGA) process.

The CGA is a detailed evaluation designed to help older adults maintain their health and independence. Unlike a standard doctor's visit, this assessment looks at your physical health, mental health, daily functioning, and social environment. Our goal is to create a personalized care plan that supports your quality of life.

What to expect:

- A review of your medical history and current medications.
- Physical exams and screenings for memory, balance, and mood.
- A discussion about your home safety and social support.
- An opportunity to talk about your goals for future care.

Your Appointment Details:

Date: [Date]
Time: [Time]
Provider: [Name of Physician/Specialist]

How to prepare:

- Please bring all current medications in their original bottles.
- Bring any hearing aids, glasses, or walking aids you use.
- We encourage a family member or caregiver to join you for the visit.
- Complete the enclosed health questionnaire and bring it with you.

If you have any questions or need to reschedule, please call our office at [Phone Number]. We look forward to meeting you.

Sincerely,

[Name of Clinician/Coordinator]
[Title]