[Date]

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

Welcome to [Clinic Name]

Dear [Patient Name],

Welcome to [Clinic Name]. We are honored that you have chosen us to assist you with your physical therapy and mobility needs. Our goal is to help you maintain your independence, reduce pain, and improve your overall quality of life through specialized geriatric care.

Your First Appointment

Your initial evaluation is scheduled for:

- **Date:** [Date]
- **Time:** [Time]
- **Provider:** [Therapist Name]

What to Bring

- A list of your current medications.
- Comfortable clothing and supportive walking shoes.
- Any assistive devices you currently use (canes, walkers, etc.).
- Insurance cards and a valid photo ID.

What to Expect

During your first visit, we will discuss your medical history, perform a physical assessment, and work together to create a personalized treatment plan. Please arrive 15 minutes early to complete any remaining paperwork.

If you have any questions or need to reschedule, please call us at [Phone Number]. We look forward to meeting you and helping you reach your health goals.

Sincerely,

[Your Name/Clinic Director]
[Clinic Name]
[Phone Number]
[Website]