[Date]

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

Dear [Patient Name],

It was a pleasure seeing you on [Date of Visit] for your routine geriatric health assessment. Regular check-ups are an important part of maintaining your health and independence.

Assessment Results:

[Insert summary of physical exam, cognitive screening, and mobility assessment results here.]

Medication Review:

Based on our review, please continue your medications as prescribed. [Optional: Note any changes made to the medication list here].

Recommended Next Steps:

- [Instruction 1: e.g., Schedule blood work]
- [Instruction 2: e.g., Follow up with physical therapy]
- [Instruction 3: e.g., Dietary adjustments]

Vaccinations:

During your visit, you received the following: [List vaccines]. Your next scheduled vaccine is [Vaccine Name] due on [Date].

Your next routine follow-up appointment is scheduled for [Date/Time]. If you experience any new symptoms or have concerns before then, please contact our office at [Phone Number].

Sincerely,

[Provider Name/Signature]
[Clinic/Practice Name]