

[Date]

[Patient Name]

[Patient Date of Birth]

[Patient Address]

[Patient Phone Number]

RE: Outpatient Mobility and Physical Activity Assessment

Dear [Patient Name],

This letter summarizes the results of your mobility and physical activity assessment conducted on [Date of Assessment] at [Clinic/Facility Name].

Clinical Observations:

- **Gait and Balance:** [Insert notes on walking pattern and stability]
- **Range of Motion:** [Insert notes on joint flexibility]
- **Muscle Strength:** [Insert notes on upper/lower body strength]
- **Assisted Devices:** [List any devices used, e.g., cane, walker, orthotics]

Assessment Scores:

[Insert specific test names and scores, e.g., Timed Up and Go (TUG), 6-Minute Walk Test]

Functional Recommendations:

[Insert personalized physical activity plan or exercise limitations]

Next Steps:

Based on this assessment, the following follow-up is recommended: [Insert follow-up plan, e.g., Physical Therapy referral, follow-up in 3 months].

If you have any questions regarding these findings, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Clinic Name]