

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Dear [Patient Name],

Our records indicate that it is time for your routine mobility and balance reassessment. As part of our ongoing commitment to your health and safety, we schedule these evaluations regularly to help prevent falls and maintain your independence.

During this appointment, we will:

- Review your current walking and movement patterns.
- Perform simple balance and strength tests.
- Review any changes in your medications or home environment.
- Discuss strategies to reduce your risk of falling.

Appointment Details:

Date: [Date of Appointment]

Time: [Time of Appointment]

Location: [Clinic Name/Room Number]

Please wear comfortable clothing and the shoes you typically wear for walking. If you use a cane or walker, please bring it with you to the visit.

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

Sincerely,

[Provider Name/Signature]

[Practice Name]