

Date: [Insert Date]

To: [Caregiver Name]

Relationship to Patient: [Insert Relationship]

Address: [Insert Address]

Re: Fall Risk Assessment and Consultation for [Patient Name]

Dear [Caregiver Name],

I am writing to schedule a formal consultation regarding the safety and mobility of [Patient Name]. Based on our recent clinical evaluation, we have identified a high risk for falls, which is a significant concern for the health and independence of geriatric patients.

The purpose of this consultation is to discuss:

- Results of the recent gait and balance screening.
- Review of current medications that may contribute to dizziness or instability.
- Environmental safety modifications for the home.
- A personalized exercise and physical therapy plan.
- The use of assistive devices (walkers, canes, etc.).

As the primary caregiver, your input and observations are vital to creating an effective prevention strategy. We would like to meet on [Date] at [Time] at our office location.

If this time does not work for you, please contact us at [Phone Number] to reschedule. We look forward to working with you to ensure a safer environment for [Patient Name].

Sincerely,

[Doctor Name/Signature]

[Clinic/Practice Name]

[Contact Information]