

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Date of Incident: [Date of Fall]

Dear [Patient Name or Family Member],

This letter is to follow up on the clinical assessment conducted following your recent fall on [Date]. Our clinical team has reviewed the circumstances of the incident and your subsequent physical evaluation.

Assessment Summary:

During our evaluation, we noted the following: [Briefly describe findings, e.g., minor bruising, no acute injuries, or changes in mobility].

Care Plan and Recommendations:

To ensure your safety and prevent future occurrences, we recommend the following steps:

- [Recommendation 1: e.g., Medication review]
- [Recommendation 2: e.g., Physical therapy referral]
- [Recommendation 3: e.g., Home safety assessment]

Signs to Watch For:

Please contact your healthcare provider immediately or seek emergency care if you experience any of the following:

- Increased confusion or dizziness
- New or worsening pain
- Difficulty walking or loss of balance
- Nausea or persistent headaches

We are committed to your health and safety. A member of our staff will contact you on [Date] to check on your progress. If you have any questions in the meantime, please call our office at [Phone Number].

Sincerely,

[Physician/Clinician Name]

[Title]

[Facility Name]