(date)

Dear Family,

We recently completed a fall risk assessment on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is at risk for falls. Based on this assessment we have determined that the following conditions are probable contributing factors to their falls.

1.

2.

3.

We have attached a copy of the care plan interventions we have instituted in an attempt to reduce the likelihood of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ falling again. However, as we have discussed in the past, we cannot guarantee that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not fall. We feel, as you do, that helping \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ maintain as much independence and quality of life as possible is very important to all of us. If you have suggestions for additional interventions to add to the care plan, please list them below. If you agree with the care plan as we have written it, you do not need to respond to this letter.

Sincerely,

Social Services

Suggested Interventions: