

Request for Memory Care Assessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Facility/Organization Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a memory care assessment for [Name of the Person to be Evaluated], who is [relation, e.g., my father] and resides at [his/her address]. We have observed certain symptoms that raise our concerns about his/her cognitive health, including [list specific symptoms or behaviors].

We believe that a professional assessment would help in understanding his/her current condition and exploring possible care options.

Could you please provide us with information regarding the assessment process, availability for appointments, and any necessary paperwork we need to complete prior to the assessment?

Thank you for your attention to this matter. We look forward to your prompt response.

Sincerely,

[Your Name]