

# Patient Safety Precautions: Fall Risk Management

Date: \_\_\_\_\_

To: [Patient's Name]

From: [Healthcare Provider's Name]

Subject: Important Safety Measures for Fall Prevention

Dear [Patient's Name],

Your safety is our top priority, and we want to ensure that you are aware of the necessary precautions to minimize your risk of falling. Please take a moment to review the following safety measures:

- Ensure that your living area is clutter-free and well-lit.
- Use non-slip mats in your bathroom and kitchen.
- Wear well-fitting shoes with good traction, even when indoors.
- Keep regularly used items within easy reach.
- Utilize assistive devices like handrails and walking aids as recommended.
- Ask for help when needed, especially while moving around or using stairs.
- Report any hazards to your caregiver or family members immediately.

If you have any questions or need further assistance, please do not hesitate to reach out.

Stay safe,

[Healthcare Provider's Name]

[Contact Information]