

Assessment Request for Geriatric Care Evaluation

Date: _____

To: [Recipient's Name]

[Recipient's Title]

[Facility/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to request a comprehensive geriatric care evaluation for my patient, [Patient's Name], who is [age] years old. The purpose of this assessment is to evaluate [his/her/their] current health status and to develop a tailored care plan that addresses [his/her/their] unique needs.

[Patient's Name] has a history of [briefly describe relevant medical history, conditions, or concerns]. Given these factors, a thorough assessment would greatly assist in ensuring that [he/she/they] receives the appropriate support and resources moving forward.

Please let us know what information you require from our side to facilitate this evaluation. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]