

Patient Domestic Care Requirement Assessment

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Subject: Domestic Care Requirement Assessment

Dear [Patient's Name],

We are writing to assess your domestic care requirements to ensure you receive the appropriate level of support tailored to your needs. This assessment will help us identify areas where assistance may be beneficial.

Assessment Details:

- **Personal Care:** Assistance with bathing, grooming, and dressing.
- **Meal Preparation:** Assistance with cooking and nutritional planning.
- **Housekeeping:** Cleaning, laundry, and other household chores.
- **Medication Management:** Assistance with medication reminders and organization.
- **Transportation:** Support for medical appointments and errands.

Please provide us with your feedback on the above services and any specific requirements you may have. We aim to develop a customized care plan that meets your individual needs.

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

Sincerely,

[Your Name]

[Your Position]

[Your Organization]

[Contact Information]