

Patient Home Support Assessment

Date: [Insert Date]

To: [Insert Patient's Name]

Address: [Insert Patient's Address]

Dear [Patient's Name],

We are writing to inform you that a home support assessment has been scheduled to evaluate your current needs and to determine the best course of action for your care at home.

The assessment will take place on [Insert Date and Time] at your home. Our qualified healthcare professional will visit you to discuss your health status, daily living activities, and any specific assistance you may require.

Please prepare any relevant medical documents and make a list of questions or concerns you would like to address during the visit.

If the scheduled time is not suitable, please contact our office at [Insert Phone Number] to reschedule.

Thank you for your attention to this matter. We look forward to working with you to ensure you receive the support you need.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]