

Patient In-Home Treatment Assessment

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We hope this letter finds you well. As part of your ongoing treatment plan, we are scheduling an in-home assessment to evaluate your current health status and discuss your treatment needs.

Please find the details of your assessment below:

- **Date of Assessment:** [Insert Date]
- **Time:** [Insert Time]
- **Address:** [Patient's Address]
- **Assessor:** [Assessor's Name and Title]

During this assessment, we will:

1. Review your current medications and treatment regimen.
2. Evaluate your living conditions and support systems.
3. Discuss any concerns or questions you may have regarding your treatment.

If you have any specific needs or requests regarding the assessment, please do not hesitate to let us know in advance.

Thank you for your attention, and we look forward to assisting you on your path to recovery.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]