

# Patient Mobility Aid Evaluation Letter

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Subject: Patient Mobility Aid Evaluation for Rehabilitation

Dear [Recipient's Name],

I am writing to provide a comprehensive evaluation of [Patient's Name]'s mobility needs in relation to their rehabilitation program. This assessment has been conducted to determine the most effective mobility aids that would facilitate their recovery and enhance their quality of life.

Patient Details:

- Name: [Patient's Name]
- Date of Birth: [Patient's Date of Birth]
- Diagnosis: [Patient's Diagnosis]
- Current Rehabilitation Status: [Brief Status Description]

Evaluation Summary:

1. Current Mobility Aids Used: [List Aids]
2. Assessment of Mobility Needs: [Detailed Assessment]
3. Recommended Mobility Aids: [List Recommendations]
4. Justification for Recommendations: [Provide Rationale]

Please feel free to contact me if you require further information or clarification regarding this evaluation.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Institution/Organization]