Geriatric Care Assessment Request

Date: [Insert Date]

To,

[Recipient Name]

[Recipient Title]

[Facility/Institution Name]

[Address]

Dear [Recipient Name],

I am writing to request a comprehensive geriatric care assessment for my patient, [Patient Name], who is [age] years old and resides at [Patient Address]. Given the patient's complex medical history and current health concerns, I believe a thorough assessment will greatly assist in developing an appropriate care plan.

Patient Details:

- **Diagnosis:** [List diagnoses]
- **Current Medications:** [List medications]
- **Functional Status:** [Describe functional status]
- **Social Support:** [Describe support system]

Please let me know the availability for an assessment and any necessary preparations that we need to take care of prior to the appointment.

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

Sincerely,

[Your Name]

[Your Title]

[Your Institution]

[Your Contact Information]