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**Sample Participant Letter to Healthcare Provider**

[AGENCY LETTERHEAD] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[AGENCY]

[AGENCY ADDRESS]

[AGENCY CONTACT INFORMATION]

**A Matter of Balance Workshop**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I participated in *A Matter of Balance* workshop on

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(DATES OF WORKSHOP) (LOCATION OF WORKSHOP)

In this workshop I learned:

* + To view falls and fear of falling as controllable
  + To set realistic goals for increasing activity
  + To change my environment to reduce fall risk factors
  + To exercise to increase strength and balance

During the program, I accomplished:

My current action plan is:

Please file this in my medical record and ask me about it at my next visit. Thank you.

Sincerely,

NAME

For more information about this and other programs visit [www.mnraaa.org](http://www.mnraaa.org).