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**Sample Participant Letter to Healthcare Provider**

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

[AGENCY]

[AGENCY ADDRESS]

[AGENCY CONTACT INFORMATION]

**Tai Ji Quan: Moving for Better Balance**

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

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

I participated in *Tai Ji Quan*workshop on

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

 (DATES OF WORKSHOP) (LOCATION OF WORKSHOP)

In this workshop I learned therapeutic exercises aimed at:

* + Improving balance
	+ Improving strength
	+ Improving performance in functional walking
	+ Preventing falls

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).