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|  |  | **Adult Social Care and HealthEnablement & Support Services Occupational Therapy Service** AddressAddressKentPost CodeTelephone: Ask for: Ref: Date:  |  |

Dear

RE: Request for Occupational Therapy Assessment

With reference to the request for an Occupational Therapy assessment, I would like to visit you regarding your difficulty with ……………………………….on …………. at approximately ……………………..am/pm.

Please contact me on the telephone number above to confirm this appointment or to discuss an alternative date or time.

If I do not hear from you by ……………………………………(minimum of 2 weeks notice) I will presume that you no longer require an assessment and your case will be closed.

Yours sincerely

## Name