

[date]

[NAME]
[ADDRESS]
[CITY, B.C.]
[POSTAL CODE]

Dear <Mr.> or <Mrs./Ms.> <Patient Last Name>,

RE: Your OASIS Assessment Appointment

Welcome to the OASIS program. We look forward to seeing you at your assessment appointment.

Date: <Appointment Date>
Time: <Appointment Time>
OASIS Clinic: <Appointment Location>

Your appointment may take up to 2 or 2 ½ hours. You will be assessed by members of our multidisciplinary team including a nurse clinician and a physiotherapist or occupational therapist.

Here are a few ways to get the most out of your OASIS appointment:

- Learn more about OASIS and your assessment appointment.
 - Read the enclosed **Assessment Appointment** information sheet to learn what to expect and what you need to bring. You can also visit the OASIS website at www.vch.ca/oasis.
- Complete the enclosed **OASIS Assessment Tool** before your appointment.
 - Please answer the questions with the worst-case scenario in mind. For example, when you are asked to describe the level of difficulty of everyday activities (page 5) think about how you function when your pain is at its worst.
- If you have problems speaking or understanding English please ask someone you trust to come with you to translate or **ask us to book a translator for your appointment.**

You will find a map and the clinic's address on the attached information sheet. Please do not hesitate to call us at <telephone> if you have any questions.

Sincerely,

<Clinic Assistant Name>
Clinic Assistant, <OASIS Clinic name>