

MERCY **Geriatric Assessment Program**

INDEPENDENCE, WELLNESS QUALITY OF LIFE

These are qualities that we all want to maintain as we age. Aging is a process unique to every man and woman. As we age, both physical and mental health affects our ability to live independently. Through the early intervention that you or your loved one has received from the Geriatric Assessment Program (GAP) at Mercy Health Partners, we hope the you have experienced the support you have needed while caring for yourself or your loved one.

THE GAP PROGRAM:

- Is a multi-disciplinary, outpatient assessment and treatment program designed to address the emotional, social and functional health of individuals ages 55 and older.
- Is a program that detects early changes, provides early intervention and helps your loved ones live the highest quality of life possible.
- Is a diagnostic program not offered anywhere else in Knoxville.
- Is currently serving 2300 patients and maintains a waiting list.
- Is a social support system for families that are caregivers to seniors.
- Is providing specialized care for patients so that they can remain independent.
- Is made up of a team of highly dedicated staff members.
- Is a program that helps families take care of themselves so that they can take care of their loved ones.
- Supports the mission of Mercy Health Partners.

In order to continue this service to seniors and their families, the GAP program needs your support. Your gift will enable others or, perhaps someone near and dear to you, to maintain a life of independence and quality.

Please consider making a donation in honor of or in memory of a loved one or friend that has benefited from this very important service. Fill out the information on the other side of this card and return to:



MERCY HEALTH PARTNERS FOUNDATION
101 BLOUNT AVENUE, SUITE 530
KNOXVILLE, TENNESSEE 37920
WWW.MERCY.COM

GERIATRIC ASSESSMENT PROGRAM

I would like to support GAP:

In honor of: _____

In memory of: _____

Enclosed is my check for \$ _____
(Please make checks payable to **Mercy Health Partners Foundation**)

Please charge my credit card \$ _____ Visa MasterCard American Express
Card Number: _____ Expiration Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Please return to Mercy Health Partners Foundation, 101 Blount Avenue, Suite 530, Knoxville, TN 37920
For more information please call Foundation office (865) 632-5678 • www.mercy.com



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