

# Patient Communication Preferences Letter

Date: [Insert Date]

To: [Patient's Name]

Address: [Patient's Address]

Dear [Patient's Name],

We hope this message finds you well. As part of our commitment to providing personalized care, we would like to understand your preferences regarding the way you receive health education materials.

Please take a moment to indicate your preferred method of communication:

- Email: [ ]
- Text Message: [ ]
- Phone Call: [ ]
- Postal Mail: [ ]

Additionally, please specify any topics you are particularly interested in:

- Nutrition: [ ]
- Physical Activity: [ ]
- Chronic Disease Management: [ ]
- Mental Health: [ ]
- Preventive Care: [ ]
- Other: [ ]

Your preferences will help us tailor our communications to better meet your needs. Please return this form by [Insert Deadline] to ensure you receive the materials in your preferred format.

Thank you for your time and cooperation.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]