

Patient-Centered Palliative Care Discussion

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Provider Name: [Insert Provider Name]

Provider Contact: [Insert Provider Contact]

Introduction

Dear [Patient's Name],

We would like to discuss your ongoing care and support needs as you navigate your health journey. This letter aims to serve as a foundation for a conversation centered around your preferences, values, and goals regarding your treatment and quality of life.

Discussion Points

- Current Health Status: [Brief overview of the patient's health condition]
- Your Goals of Care: [Outline patient's goals and what they hope to achieve]
- Symptom Management: [Discuss symptoms the patient may be experiencing and options for relief]
- Support for You and Your Family: [Address available resources and support options]
- Advance Care Planning: [Discuss advance directives and care preferences]

Next Steps

We encourage you to reflect on these discussion points and how they align with your wishes. Please consider scheduling a meeting where we can explore these topics in detail.

Contact Information

If you have any questions or wish to arrange a meeting, please reach out to us at [Insert Contact Information].

Sincerely,

[Provider's Name]

[Provider's Title]

[Organization Name]