

# Hospice Care Planning

Date: [Insert Date]

Dear [Recipient's Name],

We are writing to discuss the hospice care planning for [Patient's Name]. Our goal is to ensure that [he/she/they] receives the highest level of comfort and support during this time.

## Patient Information:

Patient Name: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

Diagnosis: [Patient's Diagnosis]

## Care Preferences:

[List any specific care preferences or wishes expressed by the patient or family.]

## Care Team:

Your hospice care team includes:

- [Name, Role]
- [Name, Role]
- [Name, Role]

## Next Steps:

We recommend scheduling a family meeting to finalize the care plan. Please let us know your availability.

Thank you for trusting us with the care of [Patient's Name]. We are here to support you.

Sincerely,

[Your Name]

[Your Position]

[Hospice Organization Name]

[Contact Information]