

Palliative Care Needs Assessment

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name]

Subject: Palliative Care Needs Assessment

Dear [Recipient's Name],

We are reaching out to conduct a palliative care needs assessment for [Patient's Name]. The aim of this assessment is to better understand the current needs and challenges faced by the patient and their family in the context of their illness.

Please find attached a comprehensive questionnaire designed to gather important information regarding:

- Physical symptoms and pain management
- Emotional and psychological support
- Social and spiritual needs
- Advance care planning preferences

We kindly ask you to complete the questionnaire and return it by [due date]. This will enable us to tailor our care approach and provide the best support possible.

Thank you for your cooperation and support in this important process. If you have any questions, please do not hesitate to contact me directly at [Your Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]