

Hospice Care Planning for Advance Directives

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Hospice Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. As we continue to navigate the complex emotional and medical decisions surrounding end-of-life care, I want to formally initiate the hospice care planning for my advance directives. It is crucial for me to ensure that my wishes are clearly documented and respected.

Enclosed with this letter are my completed advance directive forms, which outline my preferences regarding medical treatment, including resuscitation efforts, pain management, and other specific interventions. I request that the hospice team reviews these documents and we discuss them in detail during our upcoming meeting.

Thank you for your compassionate support during this challenging time. I look forward to collaborating with you to ensure the best possible care.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]