

# Hospice Care Planning for Patient Wishes

Date: \_\_\_\_\_

To: [Patient's Name]

Address: [Patient's Address]

**Dear [Patient's Name],**

As part of our commitment to providing compassionate and personalized hospice care, we would like to take the opportunity to discuss your wishes and preferences regarding your care. This will help us ensure that your unique needs and desires are respected and fulfilled.

## **Patient Preferences**

Please consider the following areas and share your thoughts:

- **Goals of Care:** What are your primary goals for your care during this time?
- **Comfort Measures:** What comfort measures are important to you?
- **Living Arrangements:** Where would you prefer to receive care (home, facility, etc.)?
- **Family Involvement:** How would you like your family to be involved in your care?
- **Advanced Directives:** Do you have any advance directives or specific wishes regarding life-sustaining treatments?

## **Next Steps**

We invite you to share your thoughts on these matters at your earliest convenience. Your input is invaluable to us and will guide our care planning process. Please feel free to reach out to your care team for any questions or discussions you may want to have.

Thank you for allowing us to be part of your care journey. We are here to support you and ensure your wishes are honored.

**Sincerely,**

[Your Name]

[Your Title]

[Hospice Agency Name]

[Contact Information]