

Patient Preferences Conversation

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Patient's Name],

Thank you for taking the time to discuss your health preferences with us. We value your input and aim to provide care that aligns with your wishes. Below are the details of our conversation:

Patient Preferences

- **Preferred Treatment Options:** [List treatment preferences]
- **Goals of Care:** [List goals]
- **Family Involvement:** [Details on family participation]
- **Advance Directives:** [Information on advance directives discussed]

Next Steps

We will ensure that your preferences are documented in your medical record and shared with your healthcare team. If you have any further questions or changes to your preferences, please don't hesitate to contact us.

Sincerely,
[Your Name]
[Your Title]
[Your Contact Information]