

# Hospice Care Communication Preferences

Date: [Insert Date]

Dear [Patient's Name/Family Member's Name],

We value your preferences in communication regarding your care. Please review the following options and indicate your choices:

## Preferred Communication Methods:

- Phone Call
- In-Person Meeting
- Email
- Text Message

## Best Times to Communicate:

Please specify your preferred days and times for contact:

[Your response here]

## Key Family Members or Caregivers to Include:

Please list any additional individuals who should be included in updates:

[Your response here]

## Additional Notes or Preferences:

[Your response here]

Thank you for sharing your preferences. We are committed to providing compassionate care tailored to your needs.

Sincerely,  
[Your Name]  
[Your Title]  
[Organization Name]