

Patient Residential Care Needs Survey

Date: _____

Dear [Patient's Name],

We hope this letter finds you well. As part of our commitment to providing the best possible care, we are conducting a survey to better understand the residential care needs of our patients. Your feedback is invaluable to us.

Please take a few moments to complete the following questions:

1. Personal Information

Name: _____

Age: _____

Contact Number: _____

2. Care Needs Assessment

What type of care do you currently require? (Please check all that apply)

- Daily Living Activities
- Medical Assistance
- Mental Health Support
- Social Activities
- Other: _____

3. Additional Comments

Please provide any additional comments or concerns regarding your care needs:

Thank you for taking the time to help us improve our services. Please return this survey by [return date].

Sincerely,

[Your Name]

[Your Position]

[Healthcare Facility Name]

[Contact Information]