

Consultation on Patient Treatment Preferences

Date: [Insert Date]

Dear [Patient's Name],

We appreciate your trust in our services. This letter aims to gather your likes and dislikes regarding your treatment plan to ensure that your care is tailored to your preferences.

Your Treatment Likes

- [Like 1: e.g., "I prefer oral medications over injections."]
- [Like 2: e.g., "I enjoy discussions about my treatment options."]
- [Like 3: e.g., "I feel comfortable with a detailed explanation of procedures."]

Your Treatment Dislikes

- [Dislike 1: e.g., "I am uncomfortable with long waiting times."]
- [Dislike 2: e.g., "I prefer not to receive treatments that cause significant discomfort."]
- [Dislike 3: e.g., "I dislike being rushed during consultations."]

Please provide any additional comments or preferences you may have:

[Your comments here]

Thank you for taking the time to share your preferences with us. We look forward to working together to enhance your treatment experience.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]