

# Gathering Patient Treatment Preferences

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Phone Number: [Insert Patient Phone Number]

Email: [Insert Patient Email]

Dear [Patient's Name],

We hope this letter finds you well. As part of our commitment to providing personalized care, we would like to gather your preferences regarding your treatment options. Your thoughts and choices are important to us, and we want to ensure that your care aligns with your values and wishes.

## Please consider the following questions:

- What are your primary health goals?
- Are there specific treatments you would like to pursue or avoid?
- How involved would you like to be in decision-making about your treatment?
- Do you have any concerns or questions about your current treatment plan?

We encourage you to take some time to reflect on these questions. You can share your preferences with us by contacting our office at [Insert Office Phone Number] or via email at [Insert Office Email]. Alternatively, you can also bring this information to your next appointment.

Thank you for taking the time to help us understand your treatment preferences. Your input is invaluable in ensuring that we provide you with the best possible care.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]

[Your Contact Information]