

Inquiry for Patient Treatment Preferences

Date: [Insert Date]

Dear [Patient's Name],

We hope this message finds you well. As part of our commitment to providing personalized care, we would like to understand your treatment preferences better.

Please take a moment to consider the following questions:

- What are your primary concerns regarding your treatment?
- What goals do you wish to achieve through your treatment?
- Do you have any preferred methods or therapies you would like to explore?
- Are there any specific lifestyle factors or beliefs that we should consider in your treatment plan?
- What role would you like to play in decision-making about your treatment options?

Your feedback is invaluable to us and will help ensure that your treatment aligns with your preferences and values. Please reply to this letter or contact our office at [Insert Contact Information] to discuss your responses.

Thank you for your time and trust in our care.

Sincerely,
[Your Name]
[Your Title]
[Your Institution]