

# Patient Treatment Preferences Survey

Dear [Patient's Name],

We value your input as we strive to improve our healthcare services. Please take a moment to complete this survey regarding your treatment preferences.

## Survey Questions

What type of treatment modality do you prefer?

Surgical Medication Therapy Alternative Medicine

How involved do you wish to be in decision-making about your treatment?

Highly Involved

Moderately Involved

Not Involved

Do you have any specific treatment preferences or concerns?

Thank you for your participation!

Sincerely,

[Your Name]

[Your Position]

[Your Institution]