Some people find it helpful to have family or a care partner join the meeting. They can ask questions and help you make decisions, or just listen and learn.

Would you like to invite someone to your care plan meeting?

☐ Yes  ☐ No

Who would you like to invite?

Name _________________________________________________________________

Relationship __________________________________________________________

Contact information ____________________________________________________

Meetings off the treatment floor can help everyone focus better. This also helps keep your information private.

Where would you like your meeting to occur?

☐ Private space off the treatment floor
☐ Over the phone (phone number ____________________________)
☐ On the treatment floor

When would you like your meeting to occur?

☐ Before treatment
☐ During treatment (only for meeting occurring on the treatment floor)
☐ After treatment
☐ Off-day

Do you need assistance with transportation?

☐ Yes  ☐ No

Details: __________________________________________________________________________

__________________________________________________________________________________

PATIENT NAME ________________________________________________

PATIENT SIGNATURE ____________________________________________

DATE ______________________

NOTES