



PRE-MEETING PATIENT QUESTIONNAIRE

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