

Patient/Family Communication Tool

This can be used to:

- Keep with you and remind you of questions you want to ask the doctor when you see him on rounds

Or

- Be placed on the patient chart for the doctor to read when he rounds and you are not here.

Date: _____

Patient: _____

(First and last name)

I have the following questions:

1. _____

2. _____

3. _____

4. _____

5. _____

Name _____ Relationship to patient _____

(If needed, complete below)

I would like to be called at your convenience

My number is: _____