

Patient- & Family- Centered Care



Getting to Know Me...

This form can be completed by patient or family member so that we can get to know the patient better. This is just a guide, so please tell us anything you would like us to know.

Name: _____

I like to be called: _____

Occupation: _____

Important people (family and friends):

Favorites

Movie: _____

TV Show: _____

Book: _____

Music: _____

Sport: _____

Color: _____

Foods: _____

Activities/Hobbies: _____

Quote or Saying: _____

Pets: _____

I understand information best when:

Achievements of which I am proud:

Things that stress me out:

Things that cheer me up:

Other things I'd like you to know about me:

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: _____