

Plan of Care Invitation

Dear _____

During the coming month, your care team will be talking with you to develop your plan of care.

The plan of care lists any concerns about your dialysis, your health, and your quality of life. Together we will make a plan to work on these concerns.

We want to offer you the choice to join the care team on a **phone call** to discuss the plan.

Please check one box below to let us know your choice:

I wish to join the phone call.

We will be calling you to have you join the call. The call is scheduled for:

Date: _____ Time: _____

I do not wish to join the conference call.

I understand this conference call will not take the place of a routine physician appointment.

I also understand if I do not wish to join the conference call, I can still speak to individual members of my treatment team at any time for questions or concerns.

Signed:

Patient Name (print)

X

Patient Legal Guardian/Representative Power of Attorney

Date

Witness Name (Print)

X

Date

X

Translator Reader

Date

**If this form is signed by someone other than the patient, there must be two witnesses:

Witness Name (Print)

X

Date

Patient Name

NKC#