

[Date]

[Patient Name]

[Address]

[City, State, Zip Code]

Dear [Patient Name],

Welcome to [Organization/Program Name]. We are honored to partner with you and your family to provide comprehensive palliative care services.

Our goal is to improve the quality of life for patients facing serious illness by focusing on relief from symptoms, pain, and stress. Our interdisciplinary team works alongside your existing doctors to provide an extra layer of support for both you and your loved ones.

Your Care Team includes:

- Physicians and Nurse Practitioners
- Registered Nurses
- Social Workers
- Chaplains or Spiritual Counselors
- [Insert other roles, e.g., Aides, Volunteers]

What to Expect:

- **Symptom Management:** Expert treatment for pain, shortness of breath, fatigue, nausea, and other symptoms.
- **Emotional Support:** Counseling and resources to help navigate the challenges of serious illness.
- **Care Coordination:** Communication with your primary doctors and specialists to ensure everyone is on the same page.
- **Advance Care Planning:** Assistance in documenting your healthcare goals and preferences.

Contact Information:

Office Hours: [Insert Hours]

Main Phone Line: [Insert Phone Number]

24/7 After-Hours Support: [Insert Phone Number]

Your first scheduled visit is on [Date] at [Time] with [Provider Name].

We are here to support you every step of the way. Please do not hesitate to reach out if you have any questions or concerns.

Sincerely,

[Sender Name]

[Title]

[Organization Name]