

[Date]

[Patient Name]

[Address Line 1]

[Address Line 2]

Dear [Patient Name/Family Name],

Welcome to the [Organization/Hospital Name] Palliative Support Program. We are honored to partner with you and your family to provide specialized care focused on your comfort and quality of life.

Palliative care is a supportive layer of medical care designed to provide relief from the symptoms and stress of a serious illness. Our goal is to ensure you feel supported physically, emotionally, and spiritually throughout your journey.

As a member of our program, you will have access to a dedicated team, including:

- Palliative Care Physicians and Nurses
- Social Workers
- Chaplains or Spiritual Counselors
- Volunteer Support Services

Your care team will work closely with your primary doctors to coordinate treatment and help manage symptoms such as pain, shortness of breath, fatigue, or anxiety. We are also here to assist with navigating complex medical decisions and planning for the future.

To get started, a member of our team will contact you on [Date/Time] to schedule your initial assessment. In the meantime, if you have any questions or immediate needs, please contact us at [Phone Number].

Thank you for trusting us with your care. We look forward to supporting you.

Sincerely,

[Your Name/Signature]

[Title]

[Organization Name]