

Facility Name and/or Logo

To: Dr.	Date:
From:	Fax/Email:

Re: Proactive Visits

We would like to schedule a regular time for your proactive visits at [Facility Name]. To facilitate your attendance (by phone, virtual video link, or in person), please complete the following questionnaire regarding your availability and preferences, and return it at your earliest convenience.

1 What dates and times are you able to attend proactive visits? Due to staffing and nursing tasks, the below dates and times are preferred. However, if these absolutely do not work for your schedule, please indicate below and we will do our best to accommodate! **Indicate your preferences in rank order (1st, 2nd, 3rd, etc).**

TIME PERIOD	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning (9:00 – 11:30)					
Early Afternoon (13:00 – 14:30)					
Other (please specify)					

2 At what frequency would you like your proactive visits scheduled? Recommended frequency = **4 - 6 weeks / resident.**

Every 2 Wks	Every 4 Wks	Every 6 Wks	Every 8 Wks	Other	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3 When would you like this visit schedule to commence?

ASAP	After Date Below	Comments
<input type="checkbox"/>		

4 If you have several patients at the facility, what is the maximum number you would like to visit at one session?

1-5 Residents	As Needed	Comments
<input type="checkbox"/>	<input type="checkbox"/>	

5 What is your preferred method of communication if the visit is virtual?

Phone	Video	Other (please indicate)
<input type="checkbox"/>	<input type="checkbox"/>	

6 We would like to have the ability to coordinate your patient visit by video link if and when required. Please provide your contact information below, so that we know how to best do this.

Cell #	Email (for virtual meeting invite)	Other (please indicate)

Thank you for taking the time to fill out this questionnaire!