**Date:**

**To: Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Medical Office Assistant(s) Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Re: Care Conference Scheduling**

I’m responsible for scheduling Care Conferences (CC) at Care Home Name. To facilitate your attendance, I’m contacting you to find out about your availability and preferences. Please complete the following questionnaire and return it by fax at your earliest convenience. Thank you!

1. What day(s) of the week are you able to attend Care Conferences at this care home? Please indicate your preferences in rank order.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DAY** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **AM (~9-12)** |  |  |  |  |  |
| **PM (~1-3)** |  |  |  |  |  |

2. If you have multiple patients at this care home, would you rather have their CCs grouped together (i.e. 2-3 CCs scheduled back to back), or scheduled individually (i.e. one 30 minute CC per visit)? **Please check one.**

|  |  |  |
| --- | --- | --- |
|  **Review multiple residents** | **Review one resident per visit** | **Comments** |
|  |  |  |

3. We aim to schedule CCs four to eight weeks in advance. Which is your preferred mode of communication from the care home when we are scheduling upcoming Care Conferences?

|  |  |  |
| --- | --- | --- |
| **PHONE** | **FAX** | **EMAIL** |
| 1st ☐ 2nd ☐ 3rd ☐ N/A ☐  | 1st ☐ 2nd ☐ 3rd ☐ N/A ☐  | 1st ☐ 2nd ☐ 3rd ☐ N/A ☐  |

4. There are 2 options for MD attendance at CCs: 1) in person, or 2) virtual attendance (video or teleconference). Please let us know in advance if you’d like to attend by phone or video conference. Please also let us know if there’s anything else we can do to facilitate your attendance at CCs.

|  |
| --- |
| **Additional Comments** |
|  |

Thank you!