Input from Friends or Relatives

MY NAME____________________________________ DATE____________________

PATIENT’S NAME________________________________ RELATIONSHIP____________

We appreciate your input on your friend or relative’s progress and recommend you give this directly to them to bring to their visit. Alternatively you can fax it to us at (336) 201-0538. Keep in mind that they will have access to the information that you share.

Progress Since Last Visit: WORSE | | | | | | IMPROVED
(mark on line with an X) NO CHANGE

Areas where they are improving:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Areas which need progress:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Concerns about safety? YES NO
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Other concerns:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________