



**RELATIVE COMMUNICATIONS
QUESTIONNAIRE**

Your Name: _____ Phone Number: _____

Your relationship to our Resident: _____

Resident's Name: _____

Any other people whom you may wish to be kept informed:

(Please keep, in mind that we prefer to have one primary person of contact and allow them to contact the remainder of the family).

PLEASE TICK WHICH IS APPLICABLE:

- I would appreciate the Registered Nurse contacting me between the hours of 8am - 2pm. _____
- I am happy to contact the Registered Nurse between the hours of 8am - 3pm at any stage I wish to inquire about my relative. _____

HOW OFTEN WOULD YOU LIKE TO BE CONTACTED:

- Monthly _____
2 Monthly _____
3 Monthly _____
Only if there are changes in my relative's condition or management of their care. _____

Best time to contact you: _____

Can we contact you at work if necessary: yes _____ no _____

Work Phone Number: _____

Any other comments you wish to make:

