

+rMC Regional Medical Center

The Family's Voice

Do you have a patient who cannot speak for him or herself due to their condition at Regional Medical Center?

We want to hear your family's voice even when you can't be here!

Answer the questions below and send to: chaplain@regmed.com. We will print it out and post it on the information board in the patient's room. This way, all of our employees who enter the room will know your patient more personally. Attach a photo of your family member (optional) before they became a patient with us & we will print the photo and include it.

- Patient's Full Name/nickname & Birth date:

- My friend/family would like for you to know this about my life:

- As a member of your loved one's care team, we want to say to you (word of thanks or appreciation):

- Family members and Contact information:

| Name | Relationship | Phone | Mobile | email |
|------|--------------|-------|--------|-------|
|------|--------------|-------|--------|-------|

| Name | Relationship | Phone | Mobile | email |
|------|--------------|-------|--------|-------|
|------|--------------|-------|--------|-------|

| Name | Relationship | Phone | Mobile | email |
|------|--------------|-------|--------|-------|
|------|--------------|-------|--------|-------|