



**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_