

Family Engagement Navigator EHR note template

Primary contact name:

Primary contact phone #:

Other family members:

Preferred time of day for contact:

Preferred contact platform (telephone, video app):

Today, family wishes to discuss:

"Get to know me" information

Patient likes to be called:

Favorites (if applicable):

movie/tv show/book:

music

sports

food

pet

Activities/hobbies

Work/achievements

Things that stress patient out

Things that cheer patient up

Other things family would like you to know about patient

At home patient uses: (glasses, hearing aid, dentures, walking aid...)