Contact details

Date

Dear xxx,

As you are aware, the High Impact User Service in the Emergency Department of (insert hospital) has developed a Personal Support Plan to make sure that you are well supported, both inside and outside of the hospital.

Before the plan was put in place you kindly completed a questionnaire about your Quality of Life. The plan has now been in place for six months and it would be very much appreciated if you could recomplete this questionnaire. This will help us to understand if this plan has benefitted you.

We have enclosed the questionnaire for you to complete and return to us using the pre-paid enveloped. Please make sure that you fill out your name and the date completed, as well as answering all questions.

Many thanks in advance for completing this.

Yours sincerely

xxx