

Form 4: Palliative care case conference: planning checklist

Name of Resident: _____

Date of case conference: ____ / ____ / ____ Time: _____

Venue: _____ Room booked (tick circle)

Case Conference Facilitator: _____

Participants: Name and contact details	Invitation sent? (Date)	Accepted (A) or declined (D)

Document	Required	Obtained	N/A
Family questionnaire			
Staff communication sheet			
Clinical record (including most recent medication chart)			
Advance care planning documentation (legal or non-legal)			
Other (specify)			

Goals of case conference:

