

Form 5: Palliative care case conference summary

Name of Resident: _____ Date of Birth: ____/____/____

Purpose of Case Conference:

Participants:

Resident in attendance? Yes No

Health Professionals

Name	Discipline/Position

Family Members

Name	Relationship



Form 5: Palliative care case conference summary (continued)

Key Issues	Description
Advance care plan	
Symptoms	
Social / psychological needs	
Assessments / investigations	
Other	

Form 5: Palliative care case conference summary (continued)

Action Plan

Goal	Actions	Key Person(s) Responsible	Review Date

Time commenced: _____ Time completed: _____

General practitioner: _____ (name)

Tick appropriate circle

- GP organises and coordinates a case conference in a RACF
- GP participates in a case conference in a RACF

- Original placed in the resident's clinical notes
- Copy sent to GP
- Copy offered to participating allied health professionals
- Copy offered to the resident/family members
- Resident's care plan and assessments reviewed and updated

Palliative Care Case Conference Facilitator

Name: _____ Position: _____

Signature: _____ Date: ____/____/____