

# Planning checklist: Home care

Organisation: \_\_\_\_\_

## Palliative care case conference

Full name of client: \_\_\_\_\_ DOB (dd/mm/yy): \_\_\_\_\_

Date of case conference (dd/mm/yy): \_\_\_\_\_ Time: \_\_\_\_\_

Venue: \_\_\_\_\_ Room booked: \_\_\_\_\_

Dial-in telephone number: \_\_\_\_\_ Code: \_\_\_\_\_

Case conference facilitator: \_\_\_\_\_

Goals of case conference:

### Family participants

Name	Role/relationship	Contact details

### Health and Care Professionals

Name	Role/relationship	Contact details

Document (tick as appropriate)	Sent	Accepted/declined	N/A
Client & family information		A      D	
Client & family confirmation		A      D	
GP invitation		A      D	
GP confirmation		A      D	

	Needed	Obtained	N/A
Clinical record (including most recent medication chart)			
Advance care planning document (legal or non-legal)			
Carer document e.g. NAT-C needs assessment form			
Other (specify)			