

Planning checklist: Residential care

Organisation: _____

Palliative care case conference

Full name of resident: _____

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
Resident & family information		A D	
Resident & 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)			
Other (specify)			