

# Palliative Care Case Conference

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

## Planning Checklist - Residential Care

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)			