Confirmation for you and your family

Organisation:

Palliative care case conference

A palliative care case conference has been organised for:

Name of resident/client: _____

Resident/client date of birth (dd/mm/yy): _____

Case conference date (dd/mm/yy): _____ **Start time:** _____

Location: _____

Your involvement in planning care is important. If you are unable to attend in person but would like to join by telephone, please dial in using the following telephone number and code.

Dial-in telephone number: _____ **Code:** _____

Your contact for this case conference is:

Name of staff member: _____

Role: _____

Telephone: _____

Please write down if there are any issues you want to talk about and remember to bring this form with you to the meeting so that this can be included.