My Health Care Plan

Communication Checklist

Palliative Care/Community Nursing Service to complete

Client Details (sticker if available)	
THCi:	DoB:
Name:	
Address:	
Phone:	

Clients Carer/Next of Kin		
Name:	Relationship	Ph:
Name:	Relationship	Ph:
Name:	Relationship	Ph:

This Client Receives		
Palliative Care Service	☐ Contact:	Ph:
Community Nursing Service	☐ Contact:	Ph:
Home Help	☐ Contact:	Ph:
Personal Care	☐ Contact:	Ph:
Hospice Volunteer	☐ Contact:	Ph:
Social Work	☐ Contact:	Ph:
Other	☐ Contact:	Ph:

Doctors/Specialists Involved in Care	
General Practitioner:	Ph:
Palliative Care Specialist:	Ph:
Other:	Ph:
Other:	Ph:

Notes:	**Date & Sign**

This project is funded by the Department of Health and Ageing as a part of the Rural Palliative Care Project